

CFRS

**COST & FINANCIAL REPORTING
SYSTEM**

FISCAL YEAR 2008-2009



INSTRUCTION MANUAL

Local Program Financial Support

Specifications contained herein are subject to change and these changes will be reported in subsequent release notes and new editions.

December 2009, Department of Mental Health, State of California

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GENERAL CONTACT INFORMATION

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Cost Reporting and Financial Support
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(916) 653-9269 – Cost Report FAX
(916) 654-3445 – IT Help Desk

SPECIFIC CONTACT INFORMATION

If you are having technical problems with the Cost Reporting application and need technical assistance, contact the Cost Report Help Desk at (916) 654-2314, or send an e-mail to: cfrs_help@dmh.ca.gov.

If you want to contact a Department of Mental Health Division or Office, please use the Division/Office Directory, located at <http://www.dmh.ca.gov>.

WEBSITE

The Department of Mental Health, Information Technology Web Services (ITWS) Internet site can be located at <https://mhhitws.cahwnet.gov>.

If you are having problems with the website and need technical assistance please go to <https://mhhitws.cahwnet.gov/docs/public/contact.asp>. This is the direct link to the Contact ITWS section. Users do not need to be logged into ITWS to see contact names, phone numbers and e-mail addresses.

FEEDBACK

If you have any questions or comments concerning the contents of the Department of Mental Health Web site, please use the Feedback Form.

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Getting Started

INTRODUCTION

The Fiscal Year (FY) 2008-2009 Cost Reports and reporting processes are described within this section. The cost report is designed to focus on completion of certain schedules that will automatically complete the Legal Entity (LE) cost report forms. The formulas in the cost report forms are “locked and protected” to enable a smoother process for editing and conducting the year-end settlement process for each county local mental health agency/plan (MHP), (County and MHP are used interchangeably throughout this manual). This also ensures the ability to create a uniform statewide database.

The cost report spreadsheets for this year remain an Excel-based spreadsheet application.

There are two Cost Report spreadsheet automations:

1. **Detail Cost Report (County and contract providers):**

- To be completed by **all** LEs (county and contract providers). Service provided may be either Medi-Cal or non-Medi-Cal.

2. **Summary Cost Report (County only):**

- To be completed by each County.
- The summary cost report is used to complete certain county-only forms.
- Summarizes each County’s total mental health activities for the FY.

The Cost Report automated spreadsheets are available from the DMH website at <https://mhhitws.cahwnet.gov>.

Cost report submission for FY 2008-2009 involves both electronic and paper copies. The electronic submission process involves **uploading** the cost report through the Department of Mental Health’s (DMH) Information Technology Web Services (ITWS) by February 26, 2010. The paper submission **requires** one copy of the cost report (summary and county detail only) and an original signed MH1940 certification postmarked and **mailed** to DMH within **ten days** of the upload date to validate the submission through ITWS.

Please mail to: Department of Mental Health
Local Program Financial Support
Cost Reporting and Financial Support (CFRS) Unit
Attn: (Your CFRS Analyst)
1600 9th Street, Room 120
Sacramento, CA 95814

SUMMARY OF CHANGES FISCAL YEAR 2008-09

The FY 2008-2009 update consists of additional lines for each mode and service function and modification of existing schedules to accommodate changes due to:

- Elimination of state-approved Negotiated Rates (NRs) after 12/31/08, and
- Implementation of two Federal Medical Assistance Percentages (FMAPs).

1. **MH 1900_INFO.**

The 'Adjustment to Medi-Cal due to contract limitation (Used to populate MH 1979 Line 22J)' has been unprotected for county use.

2. **MH 1901 Schedule A**

Two renamed MH 1901 Schedules A_1 and A_2 due to the elimination of the NR as a reimbursement option after 12/31/08. The remainder of the fiscal year would be settled based on actual cost.

MH 1901 Schedule:

- A_1 covers 07/01/08 - 12/31/08, and
- A_2 covers 01/01/09 - 06/30/09.

3. **MH 1901 Schedule B**

Three renamed MH 1901 Schedules B_1, B_2, and B_3 due to the elimination of the NR and implementation of two FMAPs.

MH 1901 Schedule:

- B_1 covers 07/01/08 - 09/30/08,
- B_2 covers 10/01/08 -12/31/08, and
- B_3 covers 01/01/09 - 06/30/09.

4. **MH 1901 Schedule C**

Addition of lines for importing data properly from the MH 1901 Schedules A_1, A_2, B_1, B_2, and B_3.

The column in which Mental Health Medi-Cal Administrative Activities (MAA) is reported has been moved from the "Eligible Direct Cost", Column E to "Directly Allocated Data", Column F.

5. **MH 1966**

Addition of lines for each mode and service function reflecting the units of service reported for the appropriate time period to allow for the reporting of changes due to NR elimination and the implementation of two FMAPs.

6. **MH 1968**

Addition of a third line on MH 1968 to correspond with increased lines on MH 1901 Schedules B_1, B_2, B_3, and C.

7. Cost Report Submission - DMH Policy Letter 09-18

Pursuant to Welfare and Institutions (W&I) Code Sections 5651(a)(4), 5664(a) and (b), 5705(b)(3), and 5718(c), county mental health facilities, clinics, and programs are required to submit fiscal year-end cost reports by December 31 following the close of the fiscal year. Due to the timing of the release of the Cost Report forms and instructions manual, DMH does not intend to exercise this provision for the FY 2008-09 cost reports until February 26, 2010 as indicated in DMH Information Notice 09-18.

Cost Report Instructions

The California Department of Mental Health's (DMH) Cost Report is required to be completed by all LEs furnishing local community Medi-Cal and non-Medi-Cal Specialty Mental Health Services (SMHS). Some forms may still refer to SMHS as Short-Doyle/Medi-Cal (SD/MC). For the purpose of year-end cost reporting and submission, each county designated local mental health agency (MHP) is **required** to submit one hard copy of the cost report (summary and county detail only) and an original signed MH 1940 certification to DMH within 10 (ten) days of the upload to validate the submission through ITWS.

The objectives of the DMH Cost Report are to:

- Compute the cost per unit for each Service Function (SF);
- Determine the estimated net Medi-Cal entitlement (Federal Financial Participation (FFP)) for each LE;
- Identify the sources of funding;
- Serve as the basis for the MHP's year-end cost settlement, focused reviews, and subsequent (SMHS) fiscal audit; and
- Serve as the source for MHP fiscal year-end cost information.

This is accomplished by determining the allowable SMHS costs and allocating these costs between administrative, utilization review, research and evaluation, and direct service cost centers (i.e., modes of service). Costs for Mental Health Medi-Cal Administrative Activities (MAA) must also be included. Participation in the MAA program is optional and requires compliance to additional procedures set by the Centers for Medicare and Medicaid Services (CMS), Department of Health Care Services (DHCS), and DMH. LEs must have an approved MAA plan with DMH in order to participate in MAA. MAA costs reported in the cost report must be based on actual, logged staff time captured at the SF level and included on the MH 1982D invoices submitted quarterly to DMH.

Direct service costs are apportioned to Medi-Cal patients based on units of service at the SF level. In FY 2008-2009, units of service will continue to be reported according to the period of time during which services were provided.

Federal Financial Participation (FFP)

Federal reimbursement is determined annually by federal fiscal year (October 1 through September 30) and released as FMAP for Medicaid (Medi-Cal) that determines the FFP reimbursement ratio. Subsequently, the MHPs are notified of FMAP changes through DMH correspondence. During FY 2008-2009, the FFP/state sharing ratio is as follows:

Regular SMHS:

07/01/08 - 09/30/08

The reimbursement ratio for regular Medi-Cal reimbursable SMHS is 50 percent for the FFP reimbursement and 50 percent for the state match.

10/01/08 – 06/30/09

The reimbursement ratio for regular Medi-Cal reimbursable SMHS is 61.59 percent for the FFP reimbursement and 38.41 percent for the state match.

Enhanced SMHS (Children) and Healthy Families:

07/01/08 – 06/30/09

The reimbursement for Healthy Families and Enhanced Children's Medi-Cal SMHS is 65 percent for the FFP reimbursement and 35 percent for the state match.

Enhanced SMHS (Refugees)

07/01/08 – 06/30/09

The reimbursement for Refugees Medi-Cal SMHS is 100 percent for the FFP reimbursement and 0 percent for the state match.

SMHS Administration, Quality Assurance/Utilization Review, and MAA

07/01/08 – 06/30/09

The reimbursement rate for the Enhanced SMHS and Healthy Families administrative SMHS is 65 percent for FFP reimbursement and 35 percent for the state match.

The reimbursement for Skilled Professional Medical Personnel (SPMP) engaged in qualifying activities for quality assurance/utilization review (QA/UR) oversight and MAA is 75 percent for the FFP reimbursement and 25 percent for the state match. The percentage for other Non SPMP quality assurance costs and all other administrative costs, including MAA is 50 percent for the FFP reimbursement and 50 percent for the state match.

Aggregation of costs

After units of service are identified as described above, SMHS SF costs are aggregated into inpatient and outpatient costs. Aggregate direct services SMHS costs (including regular SMHS, Medicare/Medi-Cal crossover, Enhanced SMHS for children and refugees) for inpatient and outpatient services for each LE are compared with aggregate Medi-Cal Published Charges (PC) and the aggregate Statewide Maximum Allowances (SMA) reimbursement amounts to determine the direct service reimbursement based on the Lower of Cost or Charges (LCC) principles. This reimbursement methodology is applied to all SMHS aggregated costs listed above.

For NR LEs, for the period of 07/01/08 – 12/31/08, SMHS direct service reimbursement is based on the lower of the aggregate NR for inpatient and outpatient services, the aggregate PC, or the aggregate SMA reimbursement. Patient and other payor liabilities collected on behalf of regular SMHS, Medicare/Medi-Cal crossover, and enhanced SMHS patients, are reduced from the gross direct service reimbursement for SMHS to determine the net due for SMHS direct services. LEs reimbursed based on NR must subtract 25 percent of the amount NR exceed costs.

Healthy Families (HF) direct service costs are NOT included in the calculation to determine the SMHS reimbursement methodology based on the LCC. However, the HF cost are aggregated and compared in the same way as SMHS direct services costs and utilizes the same reimbursement methodology determined by the SMHS costs. Gross direct service reimbursement HF costs are reduced by patient and other payor liabilities of HF clients to determine the net HF reimbursement for direct services.

SMHS administrative reimbursement for county LEs is based on the SMHS direct service reimbursement in the county.¹ Reimbursement for SMHS QA/UR activities is also computed. The sum of net SMHS direct service reimbursement, net MAA reimbursement, SMHS administrative reimbursement, and SMHS QA/UR reimbursement represents the basis for determining the preliminary FFP for LEs' cost based reimbursement.

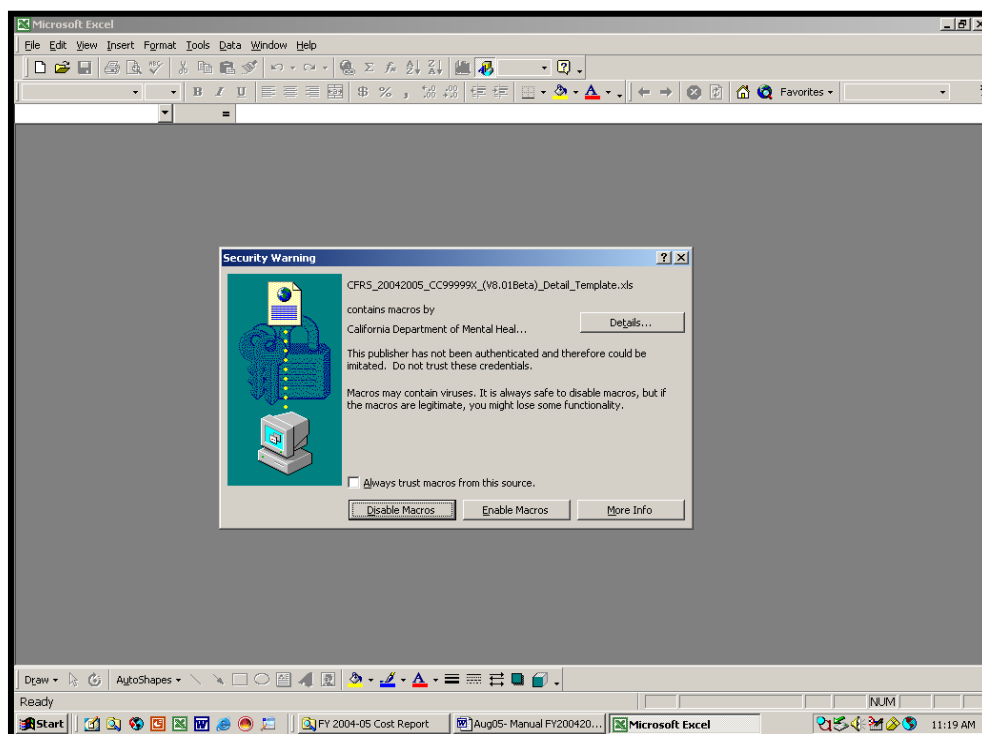
Contract providers that provide services to multiple counties have the option to complete the cost report in one of two ways. The first method, "Total Gross Costs," allows the contractor to report its total gross costs for mental health related services provided to multiple counties on MH 1960 and make adjustments on Line 2 of MH 1992 for each county cost report to eliminate costs not related to the county in order to properly show the funding source for services provided to the county. The second method, "Net Cost," allows the contractor to report only the costs (activities) of the LE that are identified with each county. The use of any one method will produce the same result, and each county has the discretion to select the method to be used by its contractors. Amount should be rounded to the nearest whole dollar.

¹ Throughout these instructions, county LEs are defined as LEs staffed and operated by county government employees.

Opening the Workbook

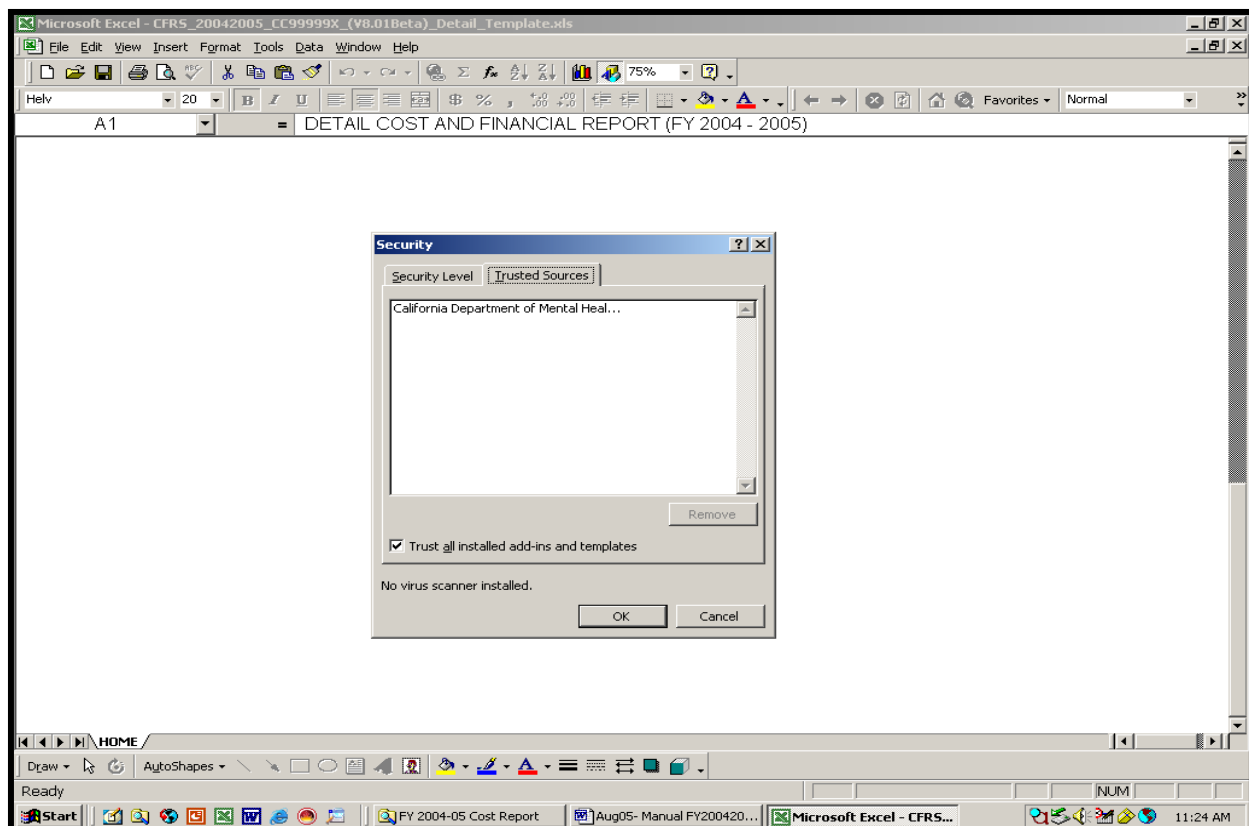
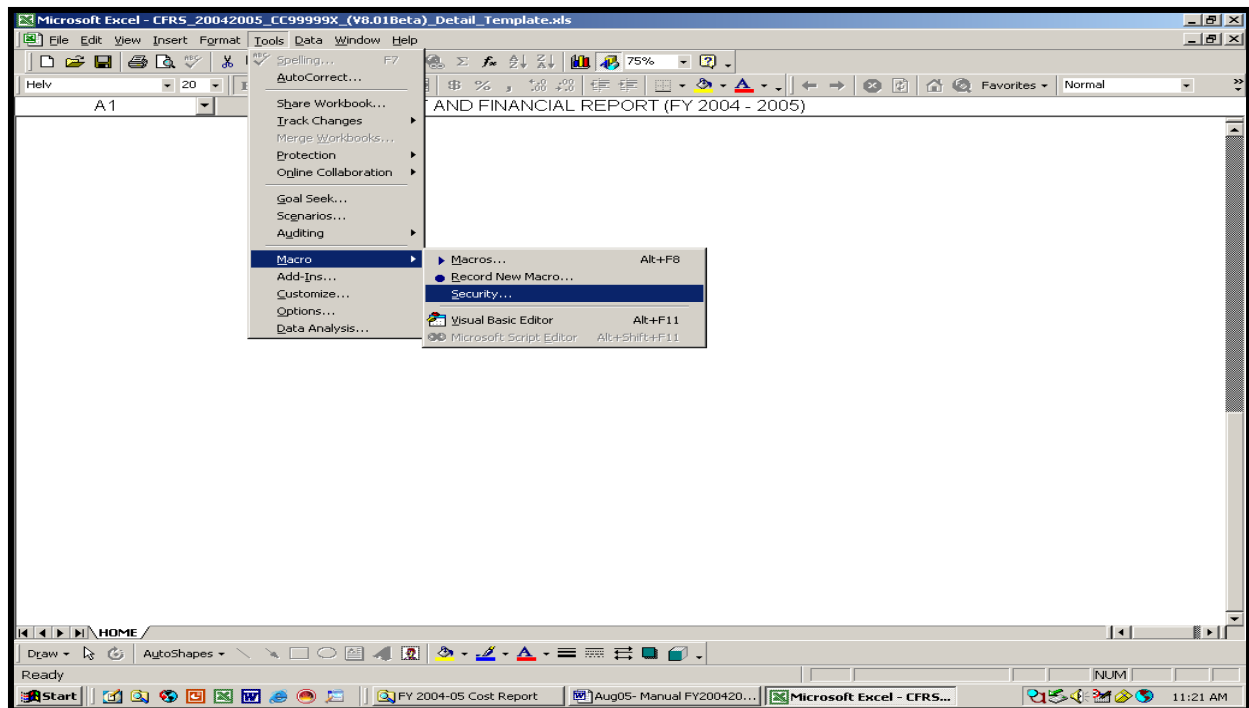
Enable the Macros

The Cost Report is an Excel-based application. It uses macros that enable the flow and automatic population for most of the forms. When the workbook is first opened, a dialog window appears and asks whether or not to allow this functionality. **You must check “Always trust macros from this source”** if you do not want to see this dialog window again when opening the Cost Report template.



If you trust DMH Information Technology (IT) and prefer to **ENABLE MACROS** every time you work on the Cost Report template but have accidentally checked “Always trust macros from this source” you can restore the dialog window back by following these procedures. **TOOLS > MACRO > SECURITY > TRUSTED SOURCES**. In the Trusted Sources Dialog box, click on DMH...and click on **REMOVE** to restore back the window.

(Please note the above sample reflects FY 2004-2005.)



REMOVE to restore “**Always trust macros from source**” Dialog Box window.

(Please note the above sample reflect FY 2004-2005.)

HOME

Cost Report Home Page

After you have opened the workbook and enabled the macros, you will now be at the Cost Report Home Page.

From here you can continue to complete the cost report or use some of the other options of the cost report.

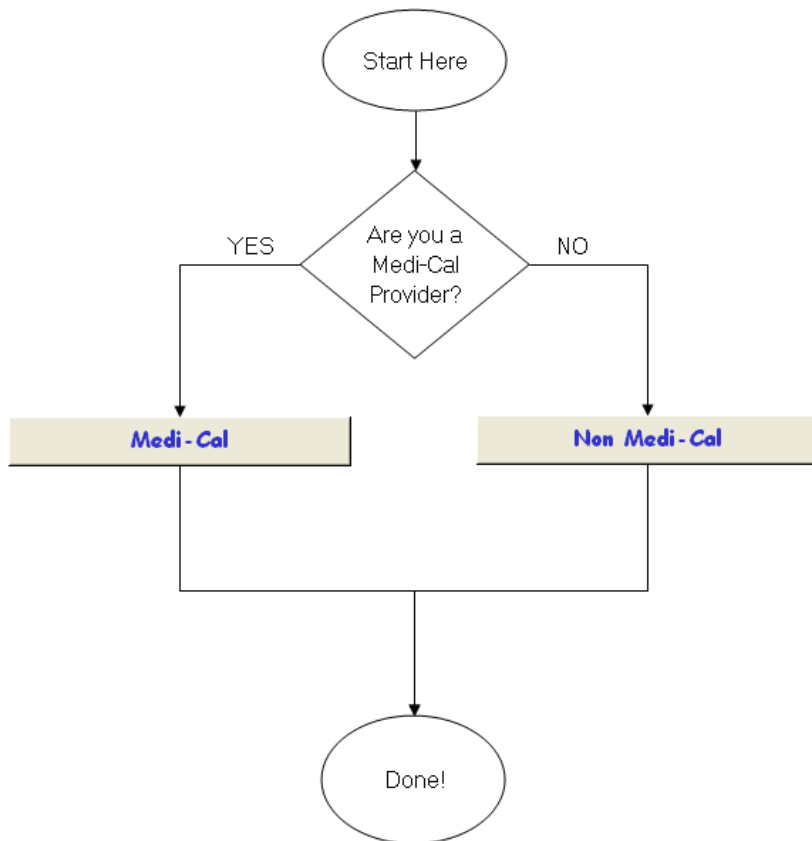
If you wish to continue to complete the cost report, simply “click” on the button for MEDI-CAL or NON-MEDI-CAL, depending upon type of cost report that you are trying to complete.

Subsequently, you will be shown a series of “flowcharts” from your chosen action.

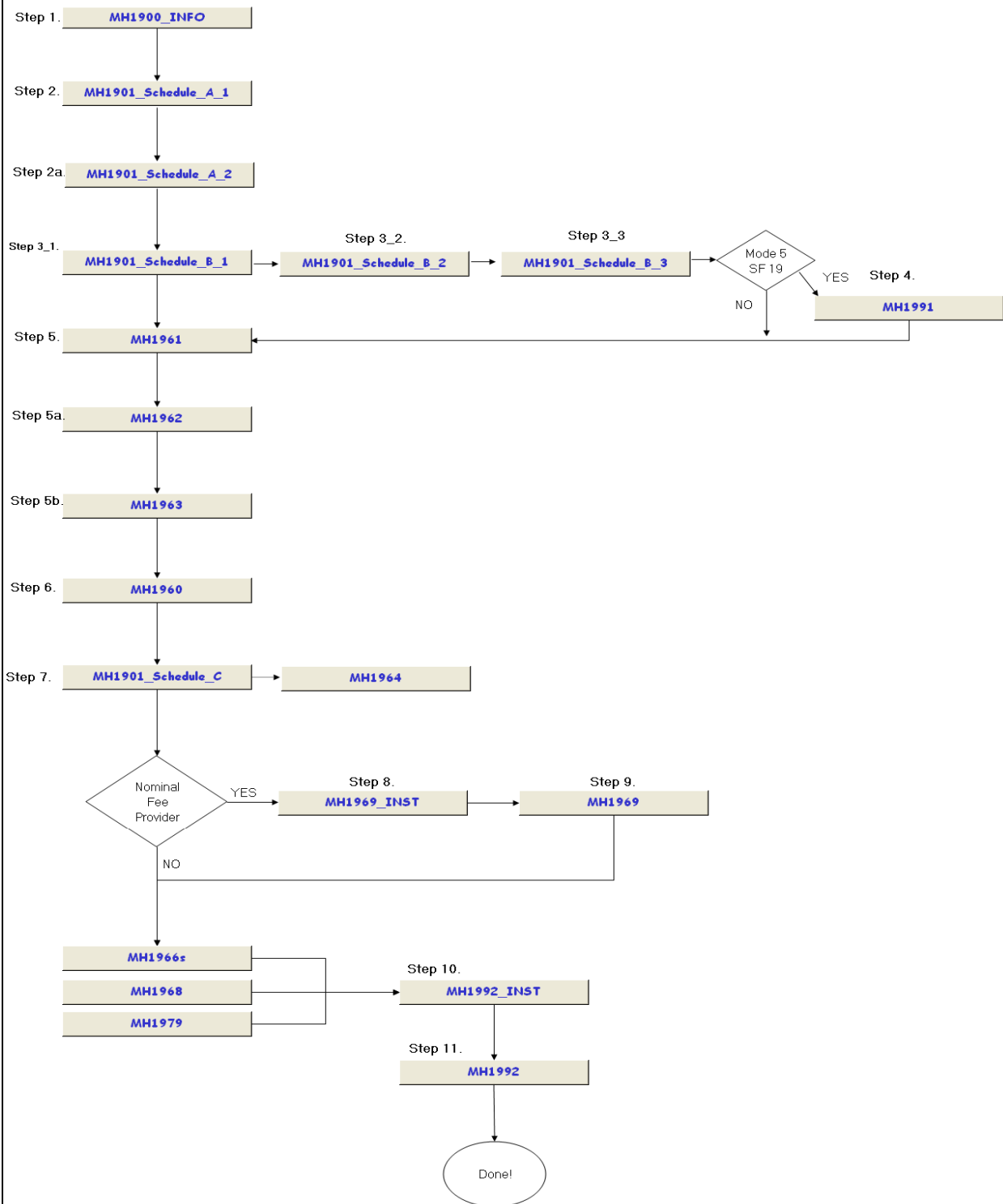
NOTE: The **OPTIONS** box, at the bottom of the HOME Page Sheet, allows you to do the following:

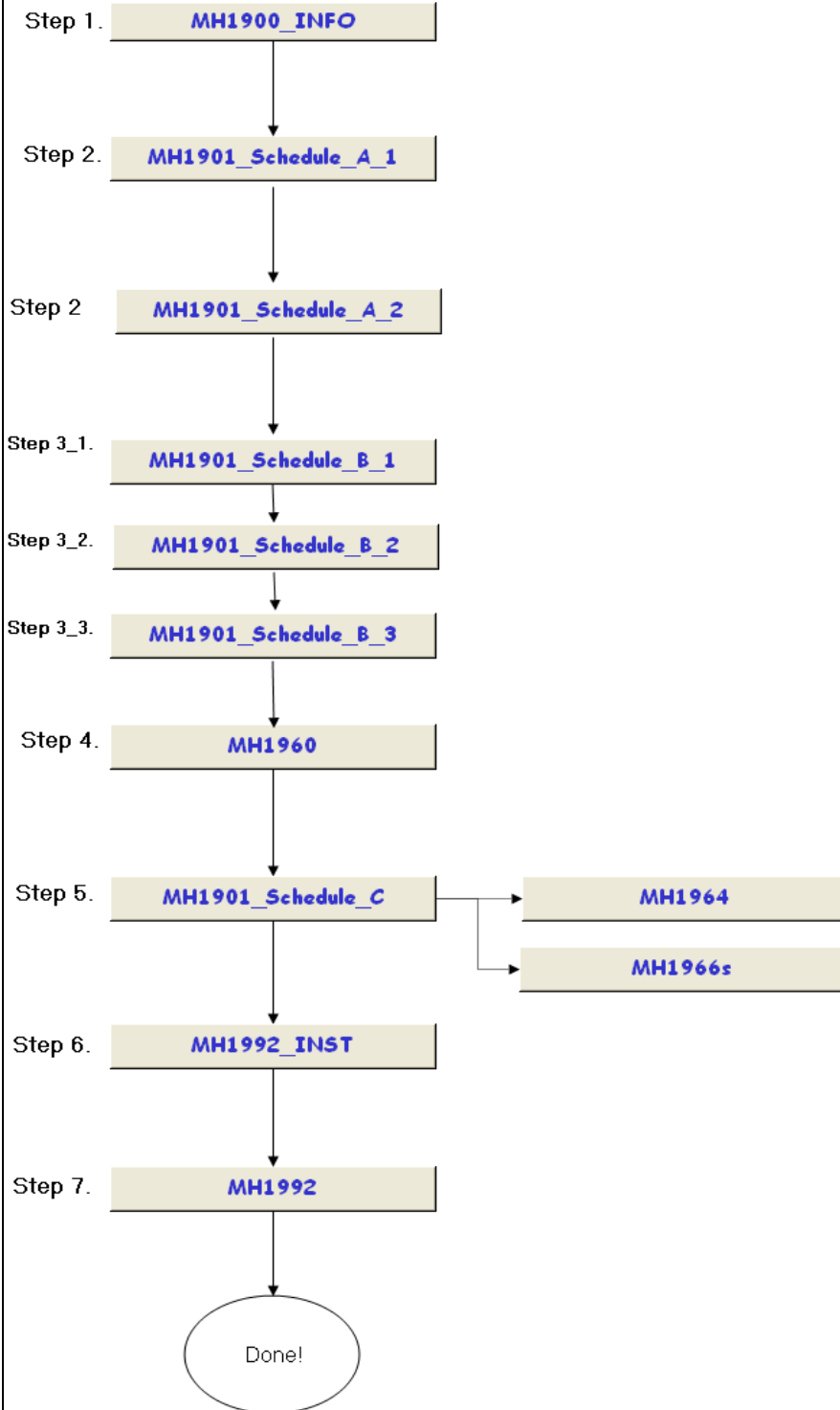
Hide All Forms	Shows only the Home page.
Show MH Forms	Shows all the Cost Report worksheets.
Clear Forms	Reset all data values in forms to zeros or blanks.
Turn On/Off Heading	Toggles the Excel Row and Column indicators, such as A, B, C, and 1, 2, 3, etc. Useful if only wanting to see FORM Row and Column indicators and NOT EXCEL Row and Column indicators.
Turn On/Off Grid	Toggle the Excel background grid showing cell placement.
Import from Cost Report	This option will allow you to import from another DMH Cost Report workbook data into the current workbook. These cost reports must be from the same fiscal year.
Import from Text	This option will allow you to import and populate data into the MH_Schedules.
Export to Text	This option will allow you to export the data from the MH_Schedules.
Print Options	This option will allow you to print selected schedules or forms of the cost report.
Disclosures	This tab allows you to document any information that is useful to the cost report.
MH 1960 Support	Use this tab to provide explanation for issue/s documented for settlement.

DETAIL COST AND FINANCIAL REPORT (FY 2008 - 2009)



Other Options		
Hide All Forms	Turn On/Off Heading	Import From Cost Report
Show MH Forms	Turn On/Off Grid	Import From Text
Clear MH Forms	DMH Only	Export to Text
Disclosures	MH1960 Support	
PrintForm(s)		

FLOWCHART PATH - MEDI-CAL COST REPORT**DETAIL COST AND FINANCIAL REPORT (FY 2008 - 2009)**

FLOWCHART PATH - NON-MEDI-CAL COST REPORT**DETAIL COST AND FINANCIAL REPORT (FY 2008 - 2009)**

Detail Forms for ALL Legal Entities

This section details the following forms and their requirements for ALL LEs. This includes county and contract LEs.

MH 1900	Information Worksheet
MH 1901 Schedule A_1 MH 1901 Schedule A_2	Statewide Maximum Allowances, Negotiated Rates, and Published Charges for the periods: 07/01/08 – 12/31/08 & 01/01/09 – 06/30/09
MH 1901 Schedule B_1 MH 1901 Schedule B_2 MH 1901 Schedule B_3	Worksheets for Units of Service and Revenues by Mode and Service Function for the periods: 07/01/08 – 09/30/08; 10/01/08 – 12/31/08 & 01/01/09 – 06/30/09
MH 1901 Schedule C	Supporting Documentation for the Method Used to Allocate Total Costs to Mode of Service and Service Function
MH 1960	Calculation of Program Costs
MH 1961	Medi-Cal Adjustments to Costs
MH 1962	Other Adjustments
MH 1963	Payments to Contract Providers
MH 1964	Allocation of Costs to Modes of Service
MH 1966 (Program 1 and Program 2)	Allocation of Costs to Service Functions – Mode Total
MH 1966 (Mode 05, Service Function 19)	EXCEPTION (Mode 05, Service Function 19)
MH 1966 (Modes 45 and 60)	Allocation of Costs to Service Functions – Mode Total for Outreach and Support (Modes 45 and 60)
MH 1966 (Mode 55)	Allocation of Costs to Service Functions – Mode Total for Mode 55 Mental Health Medi-Cal Administrative Activities (MAA)
MH 1968	Determination of SMHS Direct Services and MAA Reimbursement
MH 1969 (Optional)	Lower of Costs or Charges Determination
MH 1979	SMHS Preliminary Desk Settlement
MH 1991 (Mode and Service Function 05/19 is reported)	Calculation of SMHS (Hospital Administrative Days)
MH 1992	Funding Sources

MH 1900_INFO**Information Worksheet**

The Information Worksheet is the starting point for the completion of the automated SMHS Cost Report. The information provided here is automatically linked to forms and schedules in the cost report. This worksheet eliminates the redundant entry of county name and code, LE and number on cost report forms and schedules. The information provided here applies to county and contract LEs for Medi-Cal and non-Medi-Cal Cost Reports.

The Information Worksheet is divided into sections. Section I should be completed by “All LEs” and Section II should be completed by “County LEs only.”

Section I: All LEs

LEs that provided SMHS units of service during the reporting period should select the “Y” option to the question, “Are you reporting SMHS?”. Select the “N” option if not reporting SMHS units of service.

Section II: County LE Only

Each county LE is required to respond to the question whether their population is either over or less than 125,000. If county population is over 125,000, select option “Y”; if it is less than 125,000, select option “N.”

County LEs should report “Contract Provider Medi-Cal Direct Service Gross Reimbursement.” The amount reported here is used to populate MH 1979, Line 2, Columns B and C and used for the determination of Medi-Cal Administrative Reimbursement Limit.

NOTE: The reported amount is the sum of MH 1968, Lines 21_1, 21_2, 21_3, and 22 Columns E & K for all Contract Providers that reported Medi-Cal units on the MH 1901 Schedule B, plus County LE managed care expenditures reported on MH 1994 lines 2A, 6, and 7. (Refer to MH 1979, Line 2 for details.)

County LEs should report “Contract Provider Healthy Families Direct Service Gross Reimbursement.” The amount reported here is used to populate MH 1979, Line 7A, Columns B and C, which are used for the determination of HF Administrative Reimbursement Limit.

NOTE: The reported amount is the sum of MH 1968, Lines 27_1, 27_2, and 27_3 Columns E and K for all Contract Providers that reported HF units on MH 1901 Schedule B_1.

County LEs also are required to enter the provider numbers for Fee-For-Service Mental Health Specialty for individual and group providers. County LEs can make adjustments to Medi-Cal FFP due to contract limitations that will automatically populate MH 1979, Line 22, Column J.



State of California Health and Human Services Agency

Department of Mental Health


DETAIL COST REPORT
INFORMATION SHEET
MH1900_INFO (Rev. 11/09)

FISCAL YEAR 2008 - 2009

SECTION I: ALL LEGAL ENTITIES:*All Legal Entities are to complete Section I.*

Name of Preparer:	
Date:	
Legal Entity Name:	
Legal Entity Number:	
County:	
County Code:	
Is this a County Legal Entity Report? (Y or N)	Yes 
Are you reporting SD/MC? (Y or N)	Yes 

[HOME](#)[MH1901_Schedule_A >>](#)**SECTION II: COUNTY LEGAL ENTITY ONLY:***Only County Legal Entities are to Complete Section II.*

Address:	
Phone Number:	
County Population: Over 125,000? (Y or N)	Yes 

*Contract Provider Medi-Cal Direct Service Gross Reimbursement
(Used to populate MH1979 Line 2)*

Inpatient Services	
Outpatient Services	

*Contract Provider Healthy Families Direct Service Gross
Reimbursement (Used to populate MH1979 Line 7)*

Inpatient Services	
Outpatient Services	

Total State Share of SD/MC Cost:	
----------------------------------	--

*Fee For Service - Mental Health Specialty
Provider Numbers For Individual and Group*

Mode&SF -->

Legal Entity Number (FFS):	
Psychiatrist:	
Psychologist:	
Mixed Specialty Group:	
RN:	
LCSW:	
MFCC (MFT):	

*Adjust Medi-Cal FFP Due to Contract Limitation
(Used to populate MH1979 Line 22J)*

Mode 05 - Hospital Inpatient Services	
Mode 05 - Other 24 Hour Services	
Mode 10 - Day Services	
Mode 15 - Outpatient Services	
Contract Limitation Adjustment Total	\$ -

[HOME](#)[MH1901_Schedule_A_1 >>](#)

MH 1901 Schedules A_1 and A_2***Statewide Maximum Allowances, Negotiated Rates and Published Charge***

MH 1901 Schedule A_1 and A_2 requires information on state-approved Negotiated Rates (NR) and Published Charges (PC) for all authorized services. The form layout is by Mode and Service Functions (SF) and includes the FY 2008-2009 SMHS Statewide Maximum Allowances (SMA) for the period 07/01/08 – 06/30/09. While the SMA rates are provided, each LE must input the NR and PC data for all authorized services. This form serves as a “source document” that will enable the SMA, NR, and PC rates to be cell-referenced to other applicable MH forms.

Column D – Negotiated Rate (NR)

Enter the NR for all Modes and SF for the period of 07/01/08 through 12/31/08 on schedule A_1.

Column E – Published Charge (PC)

Enter PC rates for appropriate Modes and SF reported. Note that Outreach (including MAA) and Support Services are excluded. A LE's PC is the usual and customary charges prevalent in the public mental health sector that are used to bill the general public, insurers, or other non-Medi-Cal payors. LEs with more than one PC rate for a service function can report a *weighted average* PC rate for the SF, or provide a separate support schedule with the following information: (1) each SF; (2) time period covered by each PC; (3) each PC per unit of service; (4) Medi-Cal units of service provided for each PC; (5) total PCs for each SF (PC per unit multiplied by the units of service). The PC for Mode 05, SF 19, Hospital Administrative Days, should include physician and ancillary costs.

Column E, Lines 31-34 – Medi-Cal Eligibility Factor

Enter the Medi-Cal Eligibility Factor if participating in MAA. A separate eligibility factor is to be reported for each quarter claimed and should be consistent with quarterly MAA invoices submitted to DMH. (Note: Instructions do not apply to the MH 1901 Schedule A_2)

Column E, Line 35

No entry. This is the average of the totals of the Medi-Cal Factor entered in rows 31-34. (Note: These instructions do not apply to the MH 1901 Schedule A_2)

Column F – County Non-Medi-Cal Contract Rate

Enter the non-Medi-Cal contract rates agreed between county and contract service providers for Modes 45 and 60. (This column is an accommodation for county internal use only). Do not enter Medi-Cal contract rates in this column.

Column G – Rate for Allocation

This column carries forward the NRs, entered in Columns D and F (county non-Medi-Cal contract rates with service providers), to the appropriate MH 1966 for the purpose of allocating costs to modes and SFs.

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES

MH 1901 SCHEDULE A_1 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: 0

Entity Number: _____

Fiscal Year: 2008 - 2009

07/01/08 - 12/31/08

	A	B	C	D	E	F	G
SERVICE FUNCTION	MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
A. 24 - HOUR SERVICES							
1 Hospital Inpatient	05	10 - 18	\$1,084.24				\$0.00
2 Hospital Administrative Day	05	19	\$348.45				\$0.00
3 Psychiatric Health Facility (PHF)	05	20 - 29	\$570.91				\$0.00
4 SNF Intensive	05	30 - 34					\$0.00
5 IMD Basic (No Patch)	05	35					\$0.00
6 IMD (With Patch)	05	36 - 39					\$0.00
7 Adult Crisis Residential	05	40 - 49	\$321.94				\$0.00
8 Jail Inpatient	05	50 - 59					\$0.00
9 Residential Other	05	60 - 64					\$0.00
10 Adult Residential	05	65 - 79	\$157.03				\$0.00
11 Semi - Supervised Living	05	80 - 84					\$0.00
12 Independent Living	05	85 - 89					\$0.00
13 MH Rehab Centers	05	90 - 94					\$0.00
B. DAY SERVICES							
14 Crisis Stabilization Emergency Room	10	20 - 24	\$94.54				\$0.00
15 Urgent Care	10	25 - 29	\$94.54				\$0.00
16 Vocational Services	10	30 - 39					\$0.00
17 Socialization	10	40 - 49					\$0.00
18 SNF Augmentation	10	60 - 69					\$0.00
19 Day Treatment Intensive Half Day	10	81 - 84	\$144.13				\$0.00
20 Full Day	10	85 - 89	\$202.43				\$0.00
21 Day Rehabilitation Half Day	10	91 - 94	\$84.08				\$0.00
22 Full Day	10	95 - 99	\$131.24				\$0.00
C. OUTPATIENT SERVICES							
23 Case Management, Brokerage	15	01 - 09	\$2.02				\$0.00
24 Mental Health Services	15	10 - 19	\$2.61				\$0.00
25 Mental Health Services	15	30 - 59	\$2.61				\$0.00
26 Medication Support	15	60 - 69	\$4.82				\$0.00
27 Crisis Intervention	15	70 - 79	\$3.88				\$0.00
D. OUTREACH SERVICES							
28 Mental Health Promotion	45	10 - 19					\$0.00
29 Community Client Services	45	20 - 29					\$0.00
E. MEDI-CAL ADMINISTRATIVE ACTIVITIES							
30 Medi-Cal Outreach	55	01 - 03					
31 Medi-Cal Eligibility Intake	55	04 - 06		Quarter 1			
32 Medi-Cal Contract Administration	55	07 - 08		Quarter 2			
33 MAA Coordination and Claims Administration	55	09		Quarter 3			
34 Referral - Crisis, Non-Open Case	55	11 - 13		Quarter 4			
35 MH Services Contract Administration	55	14 - 16		Average			
36 Discounted Mental Health Outreach	55	17 - 19					
37 SPMP Case Management, Non-Open Case	55	21 - 23					
38 SPMP Program Planning and Development	55	24 - 26					
39 SPMP MAA Training	55	27 - 29					
40 Non-SPMP Case Management, Non-Open Case	55	31 - 34					
41 Non-SPMP Program Planning and Development	55	35 - 39					
F. SUPPORT SERVICES							
42 Conservatorship							
Investigation	60	20 - 29					\$0.00
Administration	60	30 - 39					\$0.00
44 Life Support/Board & Care	60	40 - 49					\$0.00
45 Case Management Support	60	60 - 69					\$0.00
46 Client Housing Support Expenditures	60	70					\$0.00
47 Client Housing Operating Expenditures	60	71					\$0.00
48 Client Flexible Support Expenditures	60	72					\$0.00
49 Non Medi-Cal Capital Assets	60	75					\$0.00
50 Other Non Medi-Cal Client Support Expenditures	60	78					\$0.00

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES

MH 1901 SCHEDULE A_2 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: 0

Entity Number: _____

Fiscal Year: 2008 - 2009

01/01/09 - 06/30/09

	A	B	C	D	E	F	G
SERVICE FUNCTION	MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
A. 24 - HOUR SERVICES							
1 Hospital Inpatient	05	10 - 18	\$1,084.24				
2 Hospital Administrative Day	05	19	\$348.45				\$0.00
3 Psychiatric Health Facility (PHF)	05	20 - 29	\$570.91				\$0.00
4 SNF Intensive	05	30 - 34					\$0.00
5 IMD Basic (No Patch)	05	35					\$0.00
6 IMD (With Patch)	05	36 - 39					\$0.00
7 Adult Crisis Residential	05	40 - 49	\$321.94				\$0.00
8 Jail Inpatient	05	50 - 59					\$0.00
9 Residential Other	05	60 - 64					\$0.00
10 Adult Residential	05	65 - 79	\$157.03				\$0.00
11 Semi - Supervised Living	05	80 - 84					\$0.00
12 Independent Living	05	85 - 89					\$0.00
13 MH Rehab Centers	05	90 - 94					\$0.00
B. DAY SERVICES							
14 Crisis Stabilization Emergency Room	10	20 - 24	\$94.54				\$0.00
15 Urgent Care	10	25 - 29	\$94.54				\$0.00
16 Vocational Services	10	30 - 39					\$0.00
17 Socialization	10	40 - 49					\$0.00
18 SNF Augmentation	10	60 - 69					\$0.00
19 Day Treatment Intensive Half Day	10	81 - 84	\$144.13				\$0.00
20 Full Day	10	85 - 89	\$202.43				\$0.00
21 Day Rehabilitation Half Day	10	91 - 94	\$84.08				\$0.00
22 Full Day	10	95 - 99	\$131.24				\$0.00
C. OUTPATIENT SERVICES							
23 Case Management, Brokerage	15	01 - 09	\$2.02				\$0.00
24 Mental Health Services	15	10 - 19	\$2.61				\$0.00
25 Mental Health Services	15	30 - 59	\$2.61				\$0.00
26 Medication Support	15	60 - 69	\$4.82				\$0.00
27 Crisis Intervention	15	70 - 79	\$3.88				\$0.00
D. OUTREACH SERVICES							
28 Mental Health Promotion	45	10 - 19					\$0.00
29 Community Client Services	45	20 - 29					\$0.00
E. MEDI-CAL ADMINISTRATIVE ACTIVITIES				MEDI-CAL ELIGIBILITY FACTOR			
30 Medi-Cal Outreach	55	01 - 03					
31 Medi-Cal Eligibility Intake	55	04 - 06		Quarter 1			
32 Medi-Cal Contract Administration	55	07 - 08		Quarter 2			
33 MAA Coordination and Claims Administration	55	09		Quarter 3			
34 Referral - Crisis, Non-Open Case	55	11 - 13		Quarter 4			
35 MH Services Contract Administration	55	14 - 16		Average			
36 Discounted Mental Health Outreach	55	17 - 19					
37 SPMP Case Management, Non-Open Case	55	21 - 23					
38 SPMP Program Planning and Development	55	24 - 26					
39 SPMP MAA Training	55	27 - 29					
40 Non-SPMP Case Management, Non-Open Case	55	31 - 34					
41 Non-SPMP Program Planning and Development	55	35 - 39					
F. SUPPORT SERVICES							
42 Conservatorship							
Investigation	60	20 - 29					\$0.00
Administration	60	30 - 39					\$0.00
44 Life Support/Board & Care	60	40 - 49					\$0.00
45 Case Management Support	60	60 - 69					\$0.00
46 Client Housing Support Expenditures	60	70					\$0.00
47 Client Housing Operating Expenditures	60	71					\$0.00
48 Client Flexible Support Expenditures	60	72					\$0.00
49 Non Medi-Cal Capital Assets	60	75					\$0.00
50 Other Non Medi-Cal Client Support Expenditures	60	78					\$0.00

MH 1901 Schedules B_1; B_2; and B_3**Worksheets for Units of Service and Revenues by Mode and Service Function**

MH 1901 Schedule Bs are an “all purpose” type worksheet. Data reported here is used to populate the MH 1966, MH 1968, and MH 1979. The worksheet identifies services according to settlement type, mode, and SF. Information must be captured for the period of service:

- **7/1/08 – 09/30/08 - B_1;**
- **10/01/08 -- 12/31/08 – B_2; and**
- **01/01/09 – 06/30/09 – B_3.**

Total units of service and units allocated to SMHS, Medicare/Medi-Cal Crossovers, Enhanced Medi-Cal, MAA, and HF are accounted for here. Total units reported must equal the sum of Columns F, H, J, L, N, and P. Patient and Other Payor Revenues must also be reported on this worksheet. If unable to isolate Patient and Other Payor Revenues at the service function level, revenues can be reported at the modes of service level under the first reported SF within each mode.

NOTE: Information entered on Schedule B_1 will be used to automatically populate B_2 and B_3, therefore Schedule B_1 must include all settlement types, modes, and SFs incurred during FY 2008-2009. This could mean that for a settlement type, mode, and SF there may be no total units of service reported to populate these columns for MH 1901 Schedule B_1. Do not use the same mode and service function twice on this schedule to avoid error.

SMHS EXPLANATION OF BALANCES AND INTERNAL REPORTING SYSTEM

The SMHS system pays for mental health services provided under the SMHS program to Medi-Cal beneficiaries. This system supports the claims submission, correction, and approval processes for the counties. For cost report submission and reconciliation, unit of service data reported must match data generated on Explanation of Balances (EOB) records and internal reporting system available in the county to track SMHS units and revenues that were approved and valid.

NOTE: Complete reliance on the EOB reports is not sufficient as some approved claims, later denied, cannot be edited from the EOB reports. Counties must establish an internal tracking system that accurately complements the EOB reports for both cost report submission and audit trail purposes. For example, separate tracking systems with labels such as **package B and package F** is used to account for SMHS units of service reported for the year-end cost report submission and final cost report reconciliation. Package B would contain EOB SMHS unit of service data used for year-end cost report submission, and package F would contain EOB SMHS units of service data for final cost report reconciliation. These records should be maintained along with other internal records for cost report settlement and audit purposes.

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B_1 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: 0 Entity Number: _____

Fiscal Year: 2008 - 2009 07/01/08 - 09/30/08

Settlement Types	CR - Cost Reimbursement	MAA - Medi-Cal Administrative Activities
	NR - Negotiated Rate	MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
				SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		
Settlement Type	Mode	SF	Total Units of Service	Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	Revenue	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	Non Medi-Cal Units
1															
2															
3															
4															
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Totals															

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MH1901_Schedule_B_2 >>

 MH1961 >>
 MEDI-CAL
 ADJUSTMENTS TO
 COSTS

 MH1962 >>
 OTHER COSTS

 MH1963 >>
 PAYMENT TO
 CONTRACT PROVIDERS

 MH1960 >>
 CALCULATION OF
 PROGRAM COSTS

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B_2 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: 0 Entity Number: _____

Fiscal Year: 2008 - 2009 10/01/08 - 12/31/08

Settlement Types	CR - Cost Reimbursement	MAA - Medi-Cal Administrative Activities
	NR - Negotiated Rate	MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
				SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		
Settlement Type	Mode	SF	Total Units of Service	Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	REVENUE	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	Non Medi-Cal Units
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MH1961 >>
MEDI-CAL
ADJUSTMENTS TO
COSTS

MH1962 >>
OTHER COSTS

MH1963 >>
PAYMENT TO
CONTRACT PROVIDERS

MH1960 >>
CALCULATION OF
PROGRAM COSTS

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B_3(Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: 0 _____

Entity Number: _____

Fiscal Year: 2008 - 2009

01/01/09 - 06/30/09

Settlement Types	CR - Cost Reimbursement	MAA - Medi-Cal Administrative Activities
	TBS - Therapeutic Behavioral Services	MHS - Mental Health Specialty
	ISA - Integrated Service Agency	CAW - CALWORKS Services
	ASO - Administrative Services Organization	

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
				SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		
Settlement Type	Mode	SF	Total Units of Service	Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	REVENUE	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	Non Medi-Cal Units
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19															
20															
83															
84															
Totals															

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MH1961 >>
MEDI-CAL
ADJUSTMENTS TO
COSTS

MH1962 >>
OTHER COSTS

MH1963 >>
PAYMENT TO
CONTRACT PROVIDERS

MH1960 >>
CALCULATION OF
PROGRAM COSTS

Schedule B_1, Column A – Settlement Type

Enter the settlement type using the abbreviations below in Column A.

Note: Information entered here automatically populates the MH 1901 Schedules B_2 & B_3.

Settlement type identifies the method used to determine reimbursement limit due to application of each program's rules and regulations or as part of a performance agreement between the Department and county LEs.

ASO Administrative Services Organization (ASO) method of reimbursement is actual cost to the county. Counties are allowed to claim the *actual costs* for payments made to the fiscal intermediary (FI) for the provision of services for children placed outside of the county.

Note: Administrative fees incurred to administer this program are included in County administration costs.

CAW California Work Opportunity and Responsibility to Kids (CalWORKS) program is to prepare clients for work and assist them to obtain and maintain employment so they can effectively support their families. Under CalWORKS, case aid to families is time-limited and able-bodied adults in the families must meet certain work requirements to remain eligible. County welfare departments under the supervision of California Department of Social Services (CDSS) administer this program.

CR Cost Reimbursement (CR) method of reimbursement is based on actual cost.

ISA Reimbursement for an Integrated Service Agency (ISA) is based on actual costs incurred by the county for payments made to providers of integrated service activities.

MAA Reimbursement for Mental Health Medi-Cal Administrative Activities (MAA) that are necessary for the proper and efficient administration of the Medi-Cal State Plan must be based on actual costs incurred by participating counties with an approved MAA plan. Participation includes submission of a claiming plan that is approved by DMH, DHCS, and CMS and submission of quarterly invoices that reflect the approved plan. All units of service for MAA that are claimed on the quarterly invoices must match the units of service identified on the cost report.

MHS Mental Health Services (MHS) method of reimbursement is actual cost to the county. Counties are allowed to claim actual costs for payments made to Fee-For-Service individual or group providers for SMHS.

NR Negotiated Rate (NR) method of reimbursement is based on a state-approved NR. NR has been phased out as a reimbursement option after December 31, 2008, and the reimbursement for the third time period (01/01/2009 through 06/30/2009) on Schedule B 3, will be based on cost reimbursement (CR).

TBS Under the Judgment and Permanent Injunction, the case of Emily Q. vs. Bontá, county MHPs are responsible for providing or arranging for Therapeutic Behavioral Services (TBS) as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) supplemental SMHS. TBS is designed to provide intensive one-to-one services for children/youth who are Seriously Emotionally Disturbed (SED). TBS may be provided by individual, group, or organizational providers who contract with the MHPs. The Judgment and Permanent Injunction also stipulates that “A MHP may allow a provider to participate in its managed care Medi-Cal program solely to provide TBS and no other service.” These “TBS Only” providers are not required to submit annual cost reports. County MHPs should reimburse this provider type and report these costs in Program 2–TBS as actual costs to the county under the county’s LE number. It should be noted that the exemption for cost report submittal relates only to providers as discussed above and that LEs providing “TBS Only” are required to complete a cost report.

Schedule B_1, Column B – Mode

Enter the mode of service. Information entered here automatically populates the MH 1901 Schedules B_2 & B_3.

Schedule B_1, Column C – Service Function

Enter the SF. Information entered here automatically populates the MH 1901 Schedules B_2 & B_3.

NOTE: You will be prompted to fill out MH 1991 if you report Mode 05, Service Function 19 for Hospital Administrative Day.

Column D – Total Units of Service

Enter the total units for each SF. **Enter at least one unit if costs are to be allocated on the MH 1901, Schedule C.**

Column E – SMHS Units

Enter the total regular SMHS units (from billing records) for each Medi-Cal SF for these periods. Do not include Medicare/Medi-Cal crossover units or enhanced SMHS units here.

Column F – Total SMHS Units

No entry. Automatically populates with the sum of Column E.

Column G – Medicare/Medi-Cal Crossover Units

Enter the Medicare/Medi-Cal crossover units by SF.

Column H – Total Medicare/Medi-Cal Crossover Units

No entry. Automatically populates with the sum of Column G.

Column I – Third Party Revenue for Patient and Other Payors

Enter the third party revenue received by the agency and attributed to regular SMHS and Medicare/Medi-Cal crossover units of service for each SF or mode of service.

Third party revenue should include patient fees for Medi-Cal share of cost, patient insurance, Medicare, and other revenues received on behalf of Medi-Cal clients in providing Medi-Cal units. This does not include realignment funding. Revenues should be reported on an accrual basis and should be identified as directly as possible to SF or mode level. If revenues cannot be directly identified, use a reasonable method to allocate revenues between inpatient and outpatient services. Medicare revenues include revenues for services provided during this cost report fiscal year. Prior year Medicare revenues should not be included in the cost report.

The State's Children's Health Insurance Program (SCHIP), known in California as the Healthy Families Program (HFP), is reimbursed under Title XXI at an enhanced FFP ratio of 65 percent. In addition, expanded eligibility for children under Title XXI for the Medi-Cal child health plan, known in California as MCHIP, also provides an enhanced FFP reimbursement of 65 percent.

Column J – Units of Service for Enhanced SMHS (Children)

Enter the units of service for each SF for Enhanced SMHS (Children).

Column K – Third Party Revenue Enhanced SMHS (Children)

Enter Third Party Revenue collections for Enhanced SMHS (Children) services. See Column I for more information.

Column L – Units of Service for Enhanced SMHS (Refugees)

Enter units of service for each SF for Enhanced SMHS (Refugees). These are units of service that were billed through the SMHS system using Aid Codes 01, 02, 08, or 0A.

Column M – Third Party Revenue (Refugees)

Enter Third Party Revenue collections for refugees. See Columns K and L for more information.

Column N – Units of Service – Healthy Families (Serious Emotionally Disturbed - SED)

Enter units of service for each service function for Healthy Families. These are units of service that were billed through the SMHS system using Aid Codes 7X or 9H.

Column O – Third Party Revenue Healthy Families (SED)

Enter Third Party Revenue collections for HF. See Columns K and L for more information.

Column P – Non-Medi-Cal Units

No entry. Automatically populates by calculating the total units less all SMHS units.

Column **P** equals Column **D** less Columns **F, H, J, L, & N**. If the aggregate of Columns **F, H, J, L, & N** is greater than Column **D**, an error code will be generated in column **P**.

You will need to identify and correct this before continuing.

MH 1901 Schedule C**Supporting Documentation for the Method Used to Allocate Total Cost to Mode of Service and Service Function**

MH 1901 Schedule C is designed to automatically cell reference **direct service costs** for allocation from MH 1960, Line 18. The Settlement Type, Mode, SF, and Total Units are automatically populated from MH 1901 Schedule B_1, B_2, and B_3. This worksheet is also designed to automatically distribute direct service costs to modes and SFs through the application of any of the three approved allocation methods. The three allowable allocation methods are:

- Costs determined at the SF level;
- Time study; and
- Relative Value.

The calculations performed here automatically populate MH 1966, Programs 1 and 2. Selection of an “Allocation Method” from the Allocation Box above will allow the distribution of direct service costs to modes and SF. For example, if SMA Rate is selected as an allocation option from the Allocation Box the worksheet will perform a relative value calculation using information from MH 1901 Schedules A_1 and A_2 to allocate direct service costs to modes and SFs on MH 1966, Programs 1 or 2.

The method chosen must be applied consistently and uniformly to all direct services and must be *consistent from year to year*. A LE can request to change its allocation method by writing to DMH.

Allocation Methodology**1. Costs Determined at SF Level**

Some LEs have the technology and reporting mechanisms to capture costs at the SF level. LEs with this capability should allocate costs in this manner.

2. Time Study

The time study procedure used previously to allocate costs between modes of service can be used to allocate costs between SFs. To accomplish this, hours must be reported at the SF level rather than at the mode of service level. The percentage of total is calculated by dividing the costed hours for each SF by the total costed hours.

3. Relative Value

Units of service/time multiplied by the LE's charge for each SF determines the relative value assigned to each SF. A LE's charge for each SF is: (1) the LE's PC; (2) the LE's usual and customary charge; or (3) the LE's charge to the general public for providing services. The SMA rate for each SF may be substituted for the LE's charge. The relative value for each SF is divided by the sum of all relative values to determine the percentage of the total for each SF. This method should be used by LEs whose charges are established and updated

annually based on the costs of providing the service. The relative value method cannot be used to allocate Mode 05, SF 10 through 19, service costs according to the DMH's Fiscal Audits Unit.

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

**SUPPORTING DOCUMENTATION FOR THE METHOD USED TO ALLOCATE
TOTALS TO MODE OF SERVICE & SERVICE FUNCTION**

MH 1901 SCHEDULE C (Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: 0

Entity Number: _____

Fiscal Year: 2008 - 2009

Allocation

☐ Rate for Allocation ☐ SMA Rate

☐ Published Charges ☒ Directly Allocated

COSTS TO BE ALLOCATED

Allowable Mode Costs (MH1960 Line 18, Col. C)

	A	B	C	D	E	F	G	H	I
	Settlement Type	Mode	SF	Total Units	Eligible Direct Cost	Allocation Basis		Allocation %	Allocated Cost
						Directly Allocated Data	Relative Value		
1.1				-					
1.2				-					
1.3				-					
2.1				-					
2.2				-					
2.3				-					
3.1				-					
3.2				-					
3.3				-					
4.1				-					
4.2				-					
4.3				-					
5.1				-					
5.2				-					
5.3				-					
6.1				-					
6.2				-					
6.3				-					
7.1				-					
7.2				-					
7.3				-					
8.1				-					
8.2				-					
8.3				-					
9.1				-					
9.2				-					
9.3				-					
10.1				-					
10.2				-					
10.3				-					
11.1				-					
11.2				-					
11.3				-					
12.1				-					
12.2				-					
12.3				-					
13.1				-					
13.2				-					
13.3				-					
14.1				-					
14.2				-					
14.3				-					
84.1				-					
84.2				-					
84.3				-					
Totals									-

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Summary

Mode	Allocated Cost	Allocated %	Settlement Type	Allocated Cost
5 10-19			TBS	
5 Other			ASO	
10			MHS	
15 Program_1				
45			Total	
55				
60				
Total				

Allocation Method Option Box

Select an Allocation Method

- **Rate for Allocation** – Uses the relative value method based on the combined NR and county non-Medi-Cal contract rates to allocate costs to modes and SFs. Do not select this option if you have not negotiated all your SFs for a Mode of Service. You can use this allocation method if there are Modes 45 and 60 costs to be allocated.
- **Statewide Maximum Allowances (SMA) Rate** – Uses the relative value method of cost allocation based on SMAs, if there are SMA rates for all the modes and SFs to be allocated.
- **Published Charges (PC)** – Select “Published Charges” for relative value method of cost allocation based on PC if you reported PC rates for all the modes and SFs.
- **Directly Allocated** – Select “Directly Allocated” for the direct cost allocation method. This method can be used if costs were developed based on a time study or any other approved costing method.

Column A – Settlement Type

No entry. This column automatically populates from MH 1901 Schedule B's, Column A.

Column B – Mode

No entry. This column automatically populates from MH 1901 Schedule B's, Column B.

Column C – Service Function

No entry. This column automatically populates from MH 1901 Schedule B's, Column C.

Column D – Total Units

No entry. This column automatically populates from MH 1901 Schedule B's, Column D.

Column E – Eligible Direct Cost

Enter costs associated with TBS, ASO (excluding ASO administrative cost), MHS, ISA, and CAW. These costs, except for CAW, are reported on MH 1966, Program 2, based on actual costs to the county. Non-Medi-Cal costs for Modes 45 and 60 may also be entered in this column.

Column F – Directly Allocated Cost

Enter amount based on direct cost assignment to each SF on MH 1966, Program 1. MAA costs are to be reported in this column based on actual cost incurred for performing these services. In order to use this column for direct cost allocation, select the “Directly Allocated” from the “Allocation Method” option box. Do not report amounts associated with TBS, ASO, ISA, MHS, and CAW in this column.

Column G – Relative Value

No entry. This column computes the relative value using the selected allocation base. Relative value is the product of multiplying NR, SMA, or PC by the SF total units of service. For example, if PC is the selected allocation base from the “Allocation Method” option box, the amount generated and placed in Column G will be the product of the PC rate from MH 1901 Schedules A’s PC column, and the total units reported on MH 1901 Schedule C, Column D for each service function.

!Note! Do not enter data on Columns E and F if the relative value method is used for cost allocation to *avoid programming error*.

Column H – Allocation Percentage

No entry. This column automatically computes the allocation percentages for each SF. This is achieved by dividing each SF relative value statistics by the aggregate of all the SF relative value statistics.

Column I – Allocated Cost

No entry. This column automatically computes the allocated cost for each SF. Allocated cost is the product of Column H and MH 1960, Column C, Line 18 minus Column E total. Total direct service costs for allocation includes eligible Direct Cost from Column E.

NOTE: If data is entered on Column E, Eligible Direct Cost, and Column F, Directly Allocated Costs, the sum of Columns E and F **SHOULD** equal the amount shown on Column I. If they do not, the county is responsible for maintaining supporting documentation as to their allocation methodology.

MH 1960**Calculation of Program Costs**

The purpose of MH 1960 is to adjust LE costs for Medi-Cal principles of reimbursement; identify the adjusted costs applicable to administration, utilization review, research, and evaluation; MAA and direct service modes of service or cost centers.

Line 1 – Mental Health Expenditure

County LEs should report total gross expenditures for county mental health department or division from the county auditor-controller's report. The amount should include all inter/intra fund transfers, and contra entries should be reported as gross expenditures prior to applying revenues. Expenditures should include HF and Enhanced Medi-Cal funds. The amount on Line 1, Column C should match the total on the summary page of the auditor-controller's report, or the county should maintain work papers that reconcile the amount reported on Line 1, Column C to the auditor-controller's report. Contract provider LEs should report total gross expenditures from their trial balance.

Column A – Enter the mental health Salaries and Benefits expenditures.

Column B – Enter all Other mental health expenditures.

Column C – No entry. This column automatically populates from the sum of Columns A and B.

Line 2 – Encumbrances

Add encumbrances incurred by the LE during the cost report fiscal year not reported on Line 1, and subtract encumbrances included in Line 1 not applicable to the cost report fiscal year.

Column A – Enter the Salaries and Benefits encumbrances for the fiscal year.

Column B – Enter the Other encumbrances for the fiscal year.

Column C – No entry. This column automatically populates from the sum of Columns A and B.

NOTE! Expenditures reported on this line would be based on actual amount incurred and paid, not the estimated encumbrance amount.

Line 3 – Less: Payments to Contract Providers (County Only) from MH 1963

No entry. Information for this line automatically populates from MH 1963, Column D, Total Payments to Contract Providers.

Column A – No entry.

Column B – No entry. This column automatically populates from MH 1963, Column D, Total Payments for Contract Providers.

Column C – No entry. This column automatically populates from Column B.

State of California Health and Human Services Agency		Department of Mental Health	
DETAIL COST REPORT			
CALCULATION OF PROGRAM COSTS			
MH 1960 (Rev. 11/09)			
FISCAL YEAR 2008 - 2009			
County: 0			
County Code:			
Legal Entity:	A	B	C
Legal Entity Number:	Salaries and Benefits	Other	Total Costs
1 Mental Health Expenditures			
2 Encumbrances			
3 Less: Payments to Contract Providers (County Only)			
4 Other Adjustments from MH 1962			
5 Total Costs Before Medi-Cal Adjustments			
6 Medi-Cal Adjustments from MH 1961			
7 Managed Care Consolidation (County Only)			
8 Allowable Costs for Allocation			
Administrative Costs (County Only)			
9 SD/MC Administration			
10 Healthy Families Administration			
11 Non-SD/MC Administration			
12 Total Administrative Costs			
Utilization Review Costs (County Only)			
13 Skilled Professional Medical Personnel			
14 Other SD/MC Utilization Review			
15 Non-SD/MC Utilization Review			
16 Total Utilization Review Costs			
17 Research and Evaluation (County Only)			
18 Mode Costs (Direct Service and MAA)			
19 Total Costs - Lines 9 through 18			
			Crosscheck 0 OK
			0 OK
HOME	MH1901_Schedule_C >>	<< MH1961	<< MH1962 << MH1963

Line 4 – Other Adjustments

No entry. Information for this line automatically populates from MH 1962, Columns A, B, and C, Line 20.

Column A – No entry. Salary and Benefits automatically populates from MH 1962, Column A, Line 20.

Column B – No entry. Adjustments to cost other than Salary and Benefits automatically populates from MH 1962, Column B, Line 20.

Column C – No entry. Automatically populates from the sum of Columns A and B.

Line 5 – Total Costs Before Medi-Cal Adjustments

Columns A, B, and C – No entry. This line automatically populates from the sum of Lines 1 through 4.

Line 6 – Medi-Cal Adjustments

No entry. The total Medi-Cal Adjustment is automatically populated from MH 1961, Line 20, Column C. Refer to Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual Parts 1 & 2 for further explanation of Medi-Cal allowable and non-allowable costs.

NOTE: Treatment of depreciation under Medi-Cal is different than under “realignment” without Medi-Cal. Medi-Cal adjustments can be either additions or subtractions to total cost, depending on the types of adjustments. For example,

most counties expense equipment as purchased. Medi-Cal principles dictate that the purchase of equipment should be depreciated over the life of the asset, thereby reducing the allowable costs in the year of acquisition, and increasing allowable costs in subsequent years.

Line 7 – Managed Care Consolidation. (Community Services – Other Treatment (Managed Care-Outpatient Mental Health Services)) – (County Only)

County LEs are to enter the “Outpatient Mental Health Services” Managed Care expenditures funded through Community Services – Other Treatment allocation (Line 8 of MH 1994) if not included in Line 1. Rollover of FY 2007-2008 managed care funds expended for Outpatient Mental Health Services (Line 2b of MH 1994) should also be included here, if not included in Line 1.

Column C – Enter the expenditures funded through Community Services and the rollover FY 2007-2008 managed care funds expended for Outpatient Mental Health Services if they were not included in Line 1.

Line 8 – Allowable Costs for Allocation

Column C – No entry. This line automatically populates from the sum of Lines 5, 6, and 7.

Note: The allowable costs on Line 8 are to be allocated among administrative cost centers, utilization review cost centers, research and evaluation, direct services, and MAA.

Lines 9 through 12 – Administrative Cost – (County Only)

County LEs should report administrative costs on Lines 9, 10, and 11 in Column C.

ASO related administrative fees are reported on this line. Line 12 –no entry. This line automatically populates from the sum of line 9, 10, and 11. Administrative costs should be apportioned between Line 9 (SMHS including Inpatient Fee-For-Service/Medi-Cal (FFS/MC)), Line 10 (HF), and Line 11 (non-SMHS) using:

- (1) the percentage of Medi-Cal recipients in the population served by the county;
- (2) relative values based on units and published charges; or
- (3) gross costs of each program.

Follow the instructions in the *Mental Health Medi-Cal Administrative Activities (MAA) Instruction Manual* for guidance on how to determine the percentage of Medi-Cal recipients. Refer to instructions for MH 1901 Schedule C if relative value is the method chosen.

Lines 13 through 16 – Utilization Review Costs – (County Only)

County LEs should report Utilization Review (UR) costs on Lines 13 through 16 in Column C. SPMP cost should be reported on Line 13, Other SMHS UR (Line 14), and Non-SMHS UR (Line 15). Amount reported on Line 13 is reimbursed at the enhanced rate (75 percent FFP). Documentation supporting the amount on Line 13 must be

maintained by the county LE. The MAA Instruction Manual is a helpful source on how to identify SPMP.

If the county performs UR of all services regardless of client Medi-Cal eligibility, a portion of the UR cost should be reported on Line 15. The sum of these costs is automatically populated on Line 16.

Line 17 – Research and Evaluation – (County Only)

County LEs should enter research and evaluation costs on Line 17. Research includes costs for centralized activities under the direction of the Local Mental Health Director designed to increase the scientific knowledge and understanding of the nature, cause, prevention, and treatment of mental, emotional, or behavioral disorders. Evaluation includes the cost of scientific studies regarding the effectiveness and efficiency of specific mental health programs in which goals are clearly defined and achieved in measurable terms. Line 17 should not include Medi-Cal reimbursable costs. Costs of studies, analyses, surveys, and related activities aimed at improving and making provider administration and operation more efficient are not considered research costs and should not be reported on Line 17.

Line 18 – Mode Costs (Direct Service and MAA)

All LEs must enter the direct service and MAA costs on Line 18, Column C. This includes all direct costs of providing mental health services and all MAA costs.

Line 19 – Total Costs – Lines 9 through 18

No entry. Line 19 is automatically populated from the sum of Lines 12, 16, 17, and 18. The total amount on Line 19 should equal the amount on Line 8.

Note: Any difference between the two amounts should be corrected before proceeding.

MH 1961**Medi-Cal Adjustments to Costs**

The purpose of MH 1961 is to calculate adjustments to costs for Medi-Cal and Medicare principles of allowable costs. Adjustments identified on this form are transferred to MH 1960, Line 6. Refer to Centers for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual Parts 1 & 2 for further explanation of Medi-Cal allowable and non-allowable costs.

Lines 1 through 19

Enter all applicable adjustments to costs for Medi-Cal and Medicare principles of allowable costs. Column C automatically populates the sum of Columns A and B.

Line 20 – Total Adjustments

No entry. Automatically populates with the sum of Lines 1 through 19 for each column. The amount in Column C will automatically populate the MH 1960, Line 6, Column C.

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

MEDI-CAL ADJUSTMENTS TO COSTS

MH 1961 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: 0
County Code:

Legal Entity: 0
Legal Entity Number:

	A Salaries and Benefits	B Other	C Total Adjustments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20 Total Adjustments			

Crosscheck
0 OK

HOME	<< MH1901_Schedule_B	<< MH1991	MH1962 >>	MH1960 >>
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MH 1962**Other Adjustments**

The purpose of MH 1962 is to provide detail information of other adjustments for each activity. Information entered here will automatically populate MH 1960, Line 4, Columns A, B, and C.

Add or subtract any other adjustments to costs the LE might have on this form. For example, if the amount reported on MH 1960, Line 1, from the county's auditor-controller report includes the costs of the county's substance abuse division; the costs of the substance abuse division would be deducted on MH 1960, Line 4. Also, if the Countywide Cost Allocation Plan (COWCAP) A-87 (county overhead) costs were not included in the county's auditor-controller report, these costs would be added on MH 1960, Line 4. Audit adjustments also should be included on MH 1960, Line 4. Other situations that are unique for individual LEs should be addressed on MH 1960, Line 4.

Lines 1 through 19

Enter all other adjustments to costs on Columns A and B for Lines 1 through 19. Column C automatically populates the sum of Columns A and B.

Line 20 – Total Adjustments

No entry. Automatically populates with the sum of Lines 1 through 19 for each column. The amount in Column C will automatically populate MH 1960, Line 4, Column C.

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

OTHER ADJUSTMENTS

MH 1962 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: 0
County Code:

Legal Entity: 0
Legal Entity Number:

	A Salaries and Benefits	B Other	C Total Adjustments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20 Total Adjustments			

Crosscheck 0 OK

HOME << MH1901_Schedule_B << MH1961 MH1963 >> MH1960 >>

MH 1963***Payments to Contract Providers (County Only)***

The purpose of MH 1963 is to capture the payments to contract providers. Information entered here will automatically populate MH 1960, Line 3, Columns B and C.

Payments to contract provider LEs include all interim payments to providers with which the county has a service contract and should be reported in the year in which services/units are provided. This does not include payments to hospitals operated by other county departments. Payments for fee-for-service vendor contracts should not be included on this line. Most county LEs will not record the FFS/MC payments in their auditor-controller's report because these payments are pass-through funds to the hospital. These payments would not be included on MH 1960, Line 1 or Line 3. **If payments to FFS/MC hospitals contracted under inpatient consolidation are included on MH 1960, Line 1**, these expenditures should be included on this line in order to reduce total mental health expenditures by the FFS/MC amount. Payments to contract providers should be reported in the year in which services/units are provided.

Column B – Enter the contract provider's LE name or one entry for the FFS/MC hospitals.

Column C – Enter the contract provider's LE number.

Column D – Enter the amount paid to the contract provider. This amount should equal at least the amount on the LE cost report. A cost report should be submitted for each contract provider payment listed.

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

PAYMENTS TO CONTRACT PROVIDERS

MH 1963 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: 0
County Code:

A	B	C	D
Item	Legal Entity Name	Legal Entity Number	Amount Paid
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
50			
	Total Payments to Contract Providers		

[HOME](#)[MH1960 >>](#)[Add Line Items](#)

MH 1964**Allocation of Costs to Modes of Service**

The purpose of MH 1964 is to distribute mode costs to various modes of service, including MAA. **See Appendix E for mode of service information.**

Line 1 – Mode Costs (Direct Service and MAA) from MH 1960

No entry. Automatically populates the direct service costs from Line 18 of MH 1960.

Lines 2 through 8 – Modes

No entry. Automatically populates the costs for each mode of service from MH 1901 Schedule C, Column I.

Line 9 – Total – Lines 2 through 8

No entry. Automatically populates from sum of Lines 2 through 8. The amount on Line 9 should equal the amount on Line 1.

Note: Any difference between the two amounts should be corrected on MH 1960, Lines 9 through 18 before proceeding.

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO MODES OF SERVICE

MH 1964 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: 0	
County Code:	
Legal Entity: 0	
Legal Entity Number:	
A	
Total Costs	
1	Mode Costs (Direct Service and MAA) from MH 1960
	Modes
2	Hospital Inpatient Services (Mode 05-SFC 10-19)
3	Other 24 Hour Services (Mode 05-All Other SFC)
4	Day Services (Mode 10)
5	Outpatient Services (Mode 15 Program 1 + Program 2)
6	Outreach Services (Mode 45)
7	Medi-Cal Administrative Activities (Mode 55)
8	Support Services (Mode 60)
9	Total - Lines 2 through 8

Crosscheck[HOME](#)

MH 1966 Program 1 and Program 2**Allocation of Costs to Service Functions – Mode Total**

MH 1966 Program 1 and Program 2 distribute modes of service costs to the Service Function (SF) level. Program 2 accounts for pass-through costs incurred by fee-for-service contract providers, TBS-only contract providers, non-organizational MHS providers, ASO, and etc. **Service functions are listed in the Cost and Reporting Financial System (CRFS) format chart (Appendix E)** These forms also determine aggregate SMHS, Medicare/Medi-Cal Crossover Costs, Enhanced SMHS Costs, HF Costs, PCs, SMAs for SMHS, and NR amounts for each mode of service. MH 1966 forms for Modes 45 and 60 are simplified from the other MH 1966 forms and determine non-Medi-Cal costs for each mode of service. MH 1966 for Mode 55 is also simplified from other MH 1966 forms and identifies the MAA costs for those participating in the MAA program. NR as a reimbursement option has been phased out after December 31, 2008.

MH 1966 automatically populates from MH 1901 Schedules A_1; A_2; B_1; B_2; B_3; & C. Separate MH 1966 forms are automatically populated for each mode of service.

Line 1 – Allocation Percentage

No entry. The allocation percentage is automatically determined by taking the Total Allocated Cost for each SF from MH 1901 Schedule C divided by the Total Allocated Cost for the respective mode of the above SFs.

Line 2 – Total Units

No entry. Automatically populates from MH 1901 Schedule C, Column D.

Line 3 – Gross Cost

No entry. Automatically populates from MH 1901 Schedule C, Column I. The distribution of the amount on Line 3, Column A, to the appropriate SFs fills in automatically from MH 1901 Schedule C, starting in Column B.

Line 4 – Cost per Unit

No entry. Starting in Column B, Line 3 is automatically divided by Line 2 for each SF level.

Note: The cost per unit for each particular mode and SF should be the same for the three time periods of time. If they are not, adjust the costs report on the MH 1901 Schedule C.

Line 5 – SMA per Unit

No entry. Starting in Column B, this field is automatically populates from MH 1901 Schedules A_1 or A_2, Column C.

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE

FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 11/09)

PAGE 1 OF 0

FISCAL YEAR 2008 - 2009

County: 0								
County Code:								
Legal Entity: 0								
Legal Entity Number:								
Mode: 15 - Outpatient Services (Program 1)								
			A	B	C	D	E	F
			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage							
2	Total Units							
3	Gross Cost							
4	Cost per Unit							
5	SMA per Unit							
6	Published Charge per Unit							
7	Negotiated Rate / Cost per Unit							
8_1	Medi-Cal Units	07/01/08 - 09/30/08						
8_2		10/01/08 - 12/31/08						
8_3		01/01/09 - 06/30/09						
9_1	Medicare/Medi-Cal Crossover Units	07/01/08 - 09/30/08						
9_2		10/01/08 - 12/31/08						
9_3		01/01/09 - 06/30/09						
10_1	Enhanced SD/MC (Children) Units	07/01/08 - 09/30/08						
10_2		10/01/08 - 12/31/08						
10_3		01/01/09 - 06/30/09						
10	Enhanced SD/MC (Refugees) Units	07/01/08 - 06/30/09						
11_1	Healthy Families (SED) Units	07/01/08 - 09/30/08						
11_2		10/01/08 - 12/31/08						
11_3		01/01/09 - 06/30/09						
12	Non-Medi-Cal Units							
13_1	Medi-Cal Costs	07/01/08 - 09/30/08						
13_2		10/01/08 - 12/31/08						
13_3		01/01/09 - 06/30/09						
14_1	Medi-Cal SMA Upper Limits	07/01/08 - 09/30/08						
14_2		10/01/08 - 12/31/08						
14_3		01/01/09 - 06/30/09						
15_1	Medi-Cal Published Charges	07/01/08 - 09/30/08						
15_2		10/01/08 - 12/31/08						
15_3		01/01/09 - 06/30/09						
16_1	Medi-Cal Negotiated Rates	07/01/08 - 09/30/08						
16_2		10/01/08 - 12/31/08						
16_3		01/01/09 - 06/30/09						
17_1	Medicare/Medi-Cal Crossover Costs	07/01/08 - 09/30/08						
17_2		10/01/08 - 12/31/08						
17_3		01/01/09 - 06/30/09						
18_1	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/08 - 09/30/08						
18_2		10/01/08 - 12/31/08						
18_3		01/01/09 - 06/30/09						
19_1	Medicare/Medi-Cal Crossover Published Charges	07/01/08 - 09/30/08						
19_2		10/01/08 - 12/31/08						
19_3		01/01/09 - 06/30/09						
20_1	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/08 - 09/30/08						
20_2		10/01/08 - 12/31/08						
20_3		01/01/09 - 06/30/09						
21_1	Enhanced SD/MC (Children) Costs	07/01/08 - 09/30/08						
21_2		10/01/08 - 12/31/08						
21_3		01/01/09 - 06/30/09						
22_1	Enhanced SD/MC (Children) SMA Upper Limits	07/01/08 - 09/30/08						
22_2		10/01/08 - 12/31/08						
22_3		01/01/09 - 06/30/09						
23_1	Enhanced SD/MC (Children) Published Charges	07/01/08 - 09/30/08						
23_2		10/01/08 - 12/31/08						
23_3		01/01/09 - 06/30/09						
24_1	Enhanced SD/MC (Children) Negotiated Rates	07/01/08 - 09/30/08						
24_2		10/01/08 - 12/31/08						
24_3		01/01/09 - 06/30/09						
25	Enhanced SD/MC (Refugees) Costs	07/01/08 - 06/30/09						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/08 - 06/30/09						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/08 - 06/30/09						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/08 - 06/30/09						
29_1	Healthy Families Costs	07/01/08 - 09/30/08						
29_2		10/01/08 - 12/31/08						
29_3		01/01/09 - 06/30/09						
30_1	Healthy Families SMA Upper Limits	07/01/08 - 09/30/08						
30_2		10/01/08 - 12/31/08						
30_3		01/01/09 - 06/30/09						
31_1	Healthy Families Published Charges	07/01/08 - 09/30/08						
31_2		10/01/08 - 12/31/08						
31_3		01/01/09 - 06/30/09						
32_1	Healthy Families Negotiated Rates	07/01/08 - 09/30/08						
32_2		10/01/08 - 12/31/08						
32_3		01/01/09 - 06/30/09						
33	Non-Medi-Cal Costs							

Line 6 – Published Charge per Unit

No entry. Starting in Column B, this field automatically populates from MH 1901 Schedules A_1 or A_2, Column E. See MH 1901 Schedule A instruction for more information.

Line 7 – Negotiated Rate/Cost per Unit

No entry. If applicable, the NR for each SMHS service function fills in automatically from MH 1901 Schedules A_1, Column D. If the LE has a mixture of SF categories with and without NRs, this line will fill in with either the NR or the lower of cost per unit, SMA or PC per unit. This is to prevent the data from becoming skewed when these amounts are aggregated on the MH 1968.

*****For the following lines, periods of service (unless otherwise noted) are identified as:***

- **_1 (07/01/08 – 09/30/08);**
- **_2 (10/01/08 – 12/31/08); and**
- **_3 (01/01/09 – 06/30/09)**

Line 8_1; 8_2 & 8_3 – Medi-Cal Units

No entry. Starting in Column B, Medi-Cal units (from billing records) for each Medi-Cal SF fill in automatically from MH 1901 Schedules B_1; B_2 & B_3, Column F. Do not include Medicare/Medi-Cal crossover or enhanced SMHS units.

Line 9_1; 9_2 & 9_3 - Medicare/Medi-Cal Crossover Units

No entry. Starting in Column B, Medicare/Medi-Cal crossover units for each Medi-Cal SF fill in automatically from MH 1901 Schedules B_1; B_2 & B_3, Column H.

Line 10_1; 10_2 & 10_3 – Enhanced SMHS (Children) Units

No entry. Starting in Column B, Enhanced SMHS (Children) units for each Medi-Cal SF fill in automatically from MH 1901 Schedules B_1; B_2 & B_3, Column J.

**Line 10 – Enhanced SMHS (Refugees) Units
(July 1, 2008 – June 30, 2009)**

No entry. Starting in Column B, Enhanced SMHS (Refugees) units for each Medi-Cal SF fill in automatically from MH 1901 Schedule B_1; B_2 & B_3, Column L.

Line 11_1; 11_2 & 11_3 – Healthy Families (SED) Units

No entry. Starting in Column B, HF units for each HF SF fill in automatically from MH 1901 Schedules B_1; B_2 & B_3, Column N.

Line 12 – Non-Medi-Cal Units

No entry. Starting in Column B, non-Medi-Cal units for each SF fill in automatically from MH 1901 Schedule B_1; B_2 & B_3, Column P.

Line 13_1; 13_2 & 13_3 – Medi-Cal Costs

No entry. Starting in Column B, Line 4 is multiplied by Lines 8_1; 8_2 & 8_3, for each SMHS SF. The products of all SMHS SFs computed are summed up in Column A, Lines 13_1; 13_2 & 13_3.

Line 14_1; 14_2 & 14_3 – Medi-Cal SMA Upper Limits

No entry. Starting in Column B, Line 5 is multiplied by Lines 8_1; 8_2 & 8_3 for each SMHS SF. The products of all SMHS SFs computed are summed up automatically in Column A, Lines 14_1; 14_2 & 14_3.

Line 15_1; 15_2 & 15_3 – Medi-Cal Published Charges

No entry. Starting in Column B, Line 6 is multiplied by Lines 8_1; 8_2 & 8_3 for each SMHS SF. The products of total PCs computed for all service functions are summed up automatically on Column A, Lines 15_1; 15_2 & 15_3.

Line 16_1; 16_2 & 16_3 – Medi-Cal Negotiated Rates

No entry. If applicable, starting in Column B, Line 7 is multiplied by Lines 8_1; 8_2 & 8_3 for each SMHS SF. The products of all SMHS SFs computed are summed up automatically in Column A, Lines 16_1; 16_2 & 16_3.

Line 17_1; 17_2 & 17_3 – Medicare/Medi-Cal Crossover Costs

No entry. If applicable, starting in Column B, Line 4 is multiplied by Lines 9_1; 9_2 & 9_3 for each SMHS SF. The products of all SMHS SFs computed are summed up automatically in Column A, Lines 17_1; 17_2 & 17_3.

Line 18_1; 18_2 & 18_3 – Medicare/Medi-Cal Crossover SMA Upper Limits

No entry. Starting in Column B, Line 5 is multiplied by Lines 9_1; 9_2 & 9_3 for each SMHS SF. The products of all SMHS SFs computed are summed up automatically in Column A, Lines 18_1; 18_2 & 18_3.

Line 19_1; 19_2 & 19_3 – Medicare/Medi-Cal Crossover Published Charges

No entry. If applicable, starting in Column B, Line 6 is multiplied by Lines 9_1; 9_2 & 9_3 for each SMHS SF. The products of total published charges for all SFs computed are summed up in Column A, Lines 19_1; 19_2 & 19_3.

Line 20_1; 20_2 & 20_3 – Medicare/Medi-Cal Crossover Negotiated Rates

No entry. If applicable, starting in Column B, Line 7 is multiplied by Lines 9_1; 9_2 & 9_3 for each SMHS SF. The products of all SMHS SFs computed are summed up in Column A, Lines 20_1; 20_2 & 20_3.

Line 21_1; 21_2 & 21_3 – Enhanced SMHS (Children) Costs

No entry. Starting in Column B, Line 4 is multiplied by Line 10_1; 10_2; & 10_3 for each SMHS SF. The products of all SMHS SFs computed are summed up in Column A, Line 21_1; 21_2 & 21_3.

Line 22_1; 22_2 & 22_3 – Enhanced SMHS (Children) SMA Upper Limits

No entry. Starting in Column B, Line 5 is multiplied by Lines 10_1; 10_2 & 10_3 by each SMHS SF. The products of all SMHS SFs computed are summed up in Column A, Lines 22_1; 22_2 & 22_3.

Line 23_1; 23_2 & 23_3 – Enhanced SMHS (Children) Published Charges

No entry. Starting in Column B, Line 6 is multiplied by Lines 10_1; 10_2 & 10_3 for each SMHS SF. The products of all SMHS SFs computed are summed up in Column A, Lines 23_1; 23_2 & 23_3.

Line 24_1; 24_2 & 24_3 – Enhanced SMHS (Children) Negotiated Rates

No entry. Starting in Column B, Line 7 is multiplied by Lines 10_1; 10_2 & 10_3 for each SMHS SF. The products of all SMHS SFs computed are summed up in Column A, Lines 24_1; 24_2 & 24_3.

Line 25 – Enhanced SMHS (Refugees) Costs

(July 1, 2008 – June 30, 2009)

No entry. Starting in Column B, Line 4 is multiplied by Line 10_4 for each SMHS SF. The products of all SMHS SFs computed are summed up in Column A, Line 25.

Line 26 – Enhanced SMHS (Refugees) SMA Upper Limits

(July 1, 2008 – June 30, 2009)

No entry. Starting in Column B, Line 5 is multiplied by Line 10 for each SMHS SF. The products of all SMHS SFs computed are summed up in Column A, Line 26.

Line 27 – Enhanced SMHS (Refugees) Published Charges

(July 1, 2008 – June 30, 2009)

No entry. Starting in Column B, Line 6 is multiplied by Line 10 for each SMHS SF. The products of all SMHS SFs computed are summed up in Column A, Line 27.

Line 28 – Enhanced SMHS (Refugees) Negotiated Rates

(July 1, 2008 – June 30, 2009)

No entry. Starting in Column B, Line 7 is multiplied by Line 10 for each SMHS SF. The products of all SMHS SFs computed are summed up in Column A, Line 28.

Line 29_1; 29_2 & 29_3 – Healthy Families Costs

No entry. Starting in Column B, Line 4 is multiplied by Lines 11_1; 11_2; & 11_3 for each SMHS SF. The products of all SMHS SFs computed are summed up in Column A, Lines 29_1; 29_2 & 29_3.

Line 30_1; 30_2 & 30_3 – Healthy Families SMA Upper Limits

No entry. Starting in Column B, Line 5 is multiplied by Lines 11_1; 11_2 & 11_3 for each SMHS SF. The products of all SMHS SFs computed are summed up in Column A, Lines 30_1; 30_2 & 30_3.

Line 31_1; 31_2 & 31_3 – Healthy Families Published Charges

No entry. Starting in Column B, Line 6 is multiplied by Lines 11_1; 11_2 & 11_3 for each SMHS SF. The products of all SMHS SFs computed are summed up in Column A, Lines 31_1; 31_2 & 31_3.

Line 32_1; 32_2 & 32_3 – Healthy Families Negotiated Rates

No entry. Starting in Column B, Line 7 is multiplied by Lines 11_1; 11_2 & 11_3 for each SMHS SF. The products of all SMHS SFs computed are summed up in Column A, Lines 32_1; 32_2 & 32_3.

Line 33 – Non-Medi-Cal Costs

No entry. Starting in Column B, Line 3 minus the sum of Lines 13_1, 13_2, 13_3, 17_1, 17_2, 17_3, 21_1, 21_2, 21_3, 25, 29_1, 29_2, and 29_3, is entered here. The amounts for all SFs are summed up in Column A, Line 33.

MH 1966 Mode 05, Service Function 19

Hospital Inpatient

The SMA rate for this SF does not include Physician and Ancillary service costs. The intent of this procedure is to ensure that Physician and Ancillary costs related to Hospital Administrative Days are included in the comparison of the costs, SMAs, PCs, and NRs (if applicable). LEs with hospital administrative days should complete MH 1991 for the purpose of grossing up the SMA to include Physician and Ancillary costs.

NOTE: You will need to complete the MH 1991 even if you do not have any Physician and Ancillary costs. The SMA costs are pulled directly from the MH 1991.

Upon Completion of Form MH 1991, the MH 1966 for Mode 05, Service Function 19 fills in automatically from MH 1901 Schedules A_1, A_2, B_1, B_2, B_3 and C, and MH 1991.

Lines 1 through 5

No entry. Automatically populates from MH 1901 Schedules B_1, B_2, B_3, and C.

NOTE: Line 3 should include Physician and Ancillary costs related to patients on administrative day status (costs are limited to those claimable under Section 51511(c), Title XXII of the California Code of Regulations (CCR)).

*****For the following lines, periods of service (unless otherwise noted) are identified as:***

- ***_1 (07/01/08 – 09/30/08);***
- ***_2 (10/01/08 – 12/31/08); and***
- ***_3 (01/01/09 – 06/30/09)***

Lines 6, 8_1, 8_2, 8_3, 13_1, 13_2, and 13_3

No entry. Lines 6, 8_1, 8_2, 8_3, fill in automatically from MH 1901 Schedules B_1, B_2, and B_3. Lines 13_1, 13_2 and 13_3 automatically compute.

Line 7 – Negotiated Rate/Cost per unit

No entry. Mode 05, Service Function 19 has no NR. If the LE has a mixture of SF categories with and without NRs, this line will fill in with either the NR or the cost per unit. This is done so that when these amounts are aggregated on MH 1968, the data are not skewed.

Lines 9_1, 9_2, 9_3, and 17_1, 17_2 and 17_3 through 20_1, 20_2, and 20_3

These lines do not apply to this SF and should be left blank. Administrative Days cannot have crossover units because Medicare will not pay for those beds.

Line 12 – Non-Medi-Cal Units

No entry. Automatically populates from MH 1901 Schedules B_1, B_2, and B_3.

Lines 13_1, (13_2, 13_3) – Medi-Cal Costs

No entry. This field computes Line 4 multiplied by Line 8_1, 8_2, & 8_3.

Line 14_1, 14_2, & 14_3 – Medi-Cal SMA Upper Limits

No entry. These fields include Physician and Ancillary costs. It computes automatically by referencing MH 1991, Column I (Physician costs + Ancillary costs).

Line 15_1, 15_2, & 15_3 – Medi-Cal Published Charges

No entry. These fields automatically compute. The fields are the products of multiplying Line 6 by Line 8_1 (Line 8_2, 8_3). The PC should include Physician and Ancillary costs.

Line 16_1, 16_2, & 16_3 – Medi-Cal Negotiated Rates

No entry. Mode 05, SF 19 cannot have a NR, but if the LE has a mixture of SF categories with and without NRs, this line will fill in the lower of Costs, SMAs with Physician and Ancillary Costs or Charges. This is done so that when these amounts are aggregated on the MH 1968, the data are not skewed.

Line 22_1, 22_2, & 22_3 – Enhanced SMHS (Children) SMA Upper Limits

No entry. Line 5 is multiplied by Line 10_1, (10_2, 10_3) for each Mode 05, Service Function 19 entry. In addition, the Physician and Ancillary costs identified in MH 1991 for the specific time period and settlement group (Children EMC) are added to amounts that are automatically entered here.

Line 26 – Enhanced SMHS (Refugees) SMA Upper Limits

No entry. Line 5 is multiplied by Line 10_4 for each Mode 05, SF 19 entry. In addition, the Physician and Ancillary costs identified in MH 1991 for the specific time period and settlement group (Refugees EMC) are added to amounts that are automatically entered here.

Line 30_1, 30_2, & 30_3 – Healthy Families (SED) SMA Upper Limits

No entry. Line 5 is multiplied by Line 11_1, (11_2, 11_3) for each Mode 05, SF 19 entry. In addition, Physician and Ancillary costs identified in MH 1991 for the specific time period and settlement group (Healthy Families) are added to amounts that are automatically entered here.

Line 33 – Non-Medi-Cal Costs

No entry. Line 3 minus the sum of Lines 13_1, 13_2, 13_3; 21_1, 21_2, 21_3; 25, 29, and 29_1, 29_2 and 29_3, is automatically entered here.

MH 1966 Modes 45 and 60

Outreach and Support

MH 1966 for Mode 45 (Outreach) and Mode 60 (Support) services are non-Medi-Cal reimbursable. For these modes, the format consists of only six lines. MH 1966 for Modes 45 and 60 automatically populates from MH 1901 Schedules A_1, A_2, B_1, B_2, B_3, and C.

Lines 1 through 3

No entry. Automatically populates from MH 1901 Schedules B_1, B_2, B_3, and C.

Line 4 – Cost per Unit

No entry. Starting from Column B, Line 3 is divided by Line 2 for each SF level.

Line 5 – Non-Medi-Cal Units

No entry. Starting from Column B, non-Medi-Cal units for each SF fills in from Line 2.

Line 6 – Non-Medi-Cal Costs

No entry. Starting from Column B, non-Medi-Cal costs for each SF fills in from Line 3.

State of California Health and Human Services Agency		Department of Mental Health					
DETAIL COST REPORT							
ALLOCATION OF COSTS TO SERVICE							
FUNCTIONS - MODE TOTAL							
MH 1966 (Rev. 11/09)							
PAGE 1 OF 1							
FISCAL YEAR 2008 - 2009							
County: 0 County Code: Legal Entity: 0 Legal Entity Number: Mode: 45 - Outreach Services							
	A	B	C	D	E	F	G
	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage						
2	Total Units						
3	Gross Cost						
4	Cost per Unit						
5	Non-Medi-Cal Units						
6	Non-Medi-Cal Costs						

MH 1966 Mode 55

Mental Health Medi-Cal Administrative Activities (MAA)

MH 1966 for Mode 55 is for MAA and consists of five lines. MH 1966 for Mode 55 automatically populates from MH 1901 Schedules A_1, A_2, B_1, B_2, B_3, and C. LEs must have an approved MAA plan with DMH in order to report Mode 55.

Lines 1 through 3

No entry. Automatically populates from MH 1901 Schedules B_1, B_2, B_3, and C.

Line 4 – Cost per Unit

No entry. Starting from Column B, Line 3 is divided by Line 2 for each SF level.

Line 5 – Non-Medi-Cal Costs

No entry. Non-Medi-Cal costs for each Mode 55 fills in by taking from MH 1968, Line 32, Column D, and subtracting MH 1968, Line 35, Column D.

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DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL

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MH 1966 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: 0

County Code:

Legal Entity: 0	A	B	C	D	E	F	G
Legal Entity Number:		Service	Service	Service	Service	Service	Service
Mode: 55 - Medi-Cal Administrative Activities	Mode Total	Function	Function	Function	Function	Function	Function
1 Allocation Percentage							
2 Total Units							
3 Total Expenditures							
4 Cost per Unit							
5 Non-Medi-Cal Costs							

MH 1968***Determination of SMHS Direct Services and MAA Reimbursement***

The purpose of MH 1968 is to determine the net SMHS and HF direct service reimbursement (FFP and State Match) for inpatient and outpatient services as well as MAA reimbursement. MAA SF expenditures are combined on the MH 1968.

Nominal Fee Provider

Determination of Nominal Fee Provider (NFP) status is the first step in the cost report settlement process, before application of reimbursement limit (42 CFR 413.13). LEs with a significant portion of low-income patients will be required to complete an optional form, MH 1969 NFP Determination, prior to completion of MH 1968. NFP reimbursement is limited to the lower of Cost or SMA.

Determination of Cost Settlement Process

Cost settlement process is based on the application of the Lower of Cost or Charges (LCC) cost reimbursement principles. Pursuant to cost reimbursement rules, the application of LCC will be based on the aggregate cost of all outpatient services. HF follows SMHS settlement technique and process.

Column K – Total Outpatient

No entry. This column sums Column I – Total Outpatient plus Program 2 and Column J (Mode 15, Program 2).

For the following lines, periods of service (unless otherwise noted) are identified as:

- ***_1 (07/01/08 – 09/30/08);***
- ***_2 (10/01/08 – 12/31/08); and***
- ***_3 (01/01/09 – 06/30/09)***

Line 1_1; 1_2 & 1_3 – Medi-Cal Costs

No entry. The total cost of providing services to regular (excludes enhanced and Medicare crossovers) Medi-Cal patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 13_1; 13_2; & 13_3, of MH 1966 for the applicable modes.

Note: costs reported on Line 1_1; 1_2; & 1_3 are for services provided to Medi-Cal patients only and are not gross costs from Line 3 of MH 1966. The sum of Columns F through H calculates automatically in Column I, Line 1_1; 1_2; & 1_3, and represents the total outpatient Medi-Cal Costs for Program 1.

Line 2_1; 2_2 & 2_3 – Medi-Cal SMA Upper Limits

No entry. Medi-Cal SMA Upper Limits for each mode of service in Columns E through H and J fills in automatically from Column A, Line 14_1; 14_2; & 14_3, of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 2_1; 2_2; & 2_3.

Line 3_1; 3_2 & 3_3 – Medi-Cal Published Charges

No entry. Medi-Cal PCs for each mode of service in Columns E through H and J fills in automatically from Column A, Line 15_1; 15_2; 15_3, of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 3_1; 3_2; & 3_3.

Line 4_1; 4_2 & 4_3 – Medi-Cal Negotiated Rates

If applicable, Medi-Cal NR for each mode of service in Columns E through H and J fills in automatically from Column A, Line 16_1; 16_2; & 16_3, of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 4_1; 4_2; & 4_3.

Line 5_1; 5_2 & 5_3 – Medi-Cal Gross Reimbursement

LEs fall into one of four categories based on type of reimbursement system and qualification as nominal fee providers. Table 1 represents the four categories of LEs and lines from MH 1968 that should be compared. Automatically, the lowest amount from lines being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J consists of Program 2 costs that are reimbursed to the county at actual cost as long as the aggregate cost per unit of service is below the SMA. Column J for this line is automatically computed by taking the lower of the Cost line or the SMA line (see Table 2).

Line 6_1; 6_2 & 6_3 – Medicare/Medi-Cal Crossover Costs

No entry. The total cost of providing services to Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 17_1; 17_2; & 17_3, of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 6_1; 6_2; & 6_3.

Line 7_1; 7_2 & 7_3 – Medicare/Medi-Cal Crossover SMA

No entry. Medi-Cal SMA Upper Limit amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 18_1; 18_2; & 18_3, of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 7_1; 7_2 & 7_3.

Line 8_1; 8_2 & 8_3 – Medicare/Medi-Cal Crossover Published Charges

No entry. Medicare/Medi-Cal crossover PC amounts for each mode of service in Columns E through H fills in automatically from Column A, Line 19_1; 19_2; & 19_3, of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 8_1; 8_2; & 8_3.

Line 9_1; 9_2 & 9_3 – Medicare/Medi-Cal Crossover Negotiated Rates

No entry. If applicable, Medi-Cal NR amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H fills in automatically from Column A, Line 20_1; 20_2 & 20_3, of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 9_1; 9_2; & 9_3.

Line 10_1; 10_2 & 10_3 – Medicare/Medi-Cal Crossover Gross Reimbursement

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

Line 11_1; 11_2 & 11_3 – Total SMHS + Crossover Gross Reimbursement

No entry. Automatically fills in the sum of Lines 5_1; 5_2; & 5_3, and 10_1; 10_2 in Columns E through K.

Line 12_1; 12_2 & 12_3 – Enhanced SMHS (Children) Cost

No entry. The total cost of providing services to Enhanced SMHS (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 21_1; 21_2, of 21_3 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 21_1; 21_2, 21_3, and represents the total outpatient Medi-Cal Costs for Program 1.

Line 13_1; 13_2 & 13_3 – Enhanced SMHS (Children) SMA

No entry. The total SMA Upper Limit cost of providing services to Enhanced SMHS (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 22_1; 22_2; & 22_3, of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 13_1; 13_2; & 13_3, and represents the total outpatient Medi-Cal Costs for Program 1.

Line 14_1; 14_2 & 14_3 – Enhanced SMHS (Children) Published Charges

No entry. The total PC cost of providing services to Enhanced SMHS (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 23_1; 23_2; & 23_3, of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 14_1; 14_2; & 14_3, and represents the total outpatient Medi-Cal Costs for Program 1.

Line 15_1; 15_2 & 15_3 – Enhanced SMHS (Children) Negotiated Rate

No entry. The total NR cost of providing services to Enhanced SMHS (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 24_1; 24_2; & 24_3, of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 15_1; 15_2 & 15_3, and represents the total outpatient Medi-Cal Costs for Program 1.

Line 16_1; 16_2 & 16_3 – Enhanced SMHS (Children) Gross Reimbursement

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E through I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

**Line 17 – Enhanced SMHS (Refugees) Cost
(July 1, 2008 – June 30, 2009)**

No entry. The total cost of providing services to Enhanced SMHS (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 25, of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 17, and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 18 – Enhanced SMHS (Refugees) SMA
(July 1, 2008 – June 30, 2009)**

No entry. The total SMA cost of providing services to Enhanced SMHS (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 26, of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 18, and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 19 – Enhanced SMHS (Refugees) Published Charge
(July 1, 2008 – June 30, 2009)**

No entry. The total published charge cost of providing services to Enhanced SMHS (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 27, of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 19, and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 20 – Enhanced SMHS (Refugees) Negotiated Rate
(July 1, 2008 – June 30, 2009)**

No entry. The total negotiated rate cost of providing services to Enhanced SMHS (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 28, of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 20, and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 21_1; 21_2 & 21_3 - Total Medi-Cal Gross Reimbursement (excludes
Enhanced SMHS Refugees)**

No entry. This is automatically calculated as the sum of Lines 11_1; 11_2; & 11_3 and 16_1; 16_2; & 16_3. The total Medi-Cal Gross Reimbursement for SMHS (Refugees) is accounted for in Line 22. (See below).

**Line 22 – Enhanced SMHS (Refugees) Gross Reimbursement
(July 1, 2008 – June 30, 2009)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

Line 23_1; 23_2 & 23_3 – Healthy Families Cost

No entry. The total cost of providing services to HF for each mode of service in Columns E through H and J fills in automatically from Column A, Line 29_1; 29_2; & 29_3, of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 23_1; 23_2; & 23_3, and represents the total outpatient HF Costs for Program 1.

Line 24_1; 24_2 & 24_3 – Healthy Families SMA

No entry. The total SMA cost of providing services to HF for each mode of service in Columns E through H and J fills in automatically from Column A, Line 30_1; 30_2; & 30_3, of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 24_1; 24_2; & 24_3, and represents the total outpatient HF Costs for Program 1.

Line 25_1; 25_2 & 25_3 – Healthy Families Published Charge

No entry. The total PC cost of providing services to HF for each mode of service in Columns E through H and J fills in automatically from Column A, Line 31_1; 31_2; & 31_3, of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 25_1; 25_2; & 25_3, and represents the total outpatient HF Costs for Program 1.

Line 26_1; 26_2 & 26_3 – Healthy Families Negotiated Rate

No entry. The total NR cost of providing services to HF for each mode of service in Columns E through H and J fills in automatically from Column A, Line 32_1; 32_2; & 32_3 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 26_1; 26_2; & 26_3, and represents the total outpatient HF Costs for Program 1.

Line 27_1; 27_2 & 27_3 – Healthy Families Gross Reimbursement

No entry. Automatically, the reimbursement method selected by comparing the lowest amount from lines in Tables 1 and 2 for all SMHS costs is utilized to apply the same methodology to determine HF Gross Reimbursement. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

Line 28_1; 28_2 & 28_3 – Less: Patient and Other Payor Revenues - SMHS + Crossover Revenue

No entry. Revenue such as patient fees for Medi-Cal share of costs, patient insurance, Medicare, and other revenues received on behalf of Medi-Cal clients in providing Medi-Cal units reported on MH 1966 automatically populate from MH 1901 Schedule B_1; B_2; & B_3, Columns I. This does not include realignment funding. Revenues should be reported on an *accrual basis* and should be identified as directly as possible to service function or mode level. If revenues cannot be directly identified, use a reasonable method to allocate revenues between inpatient and outpatient services.

Note: Medicare revenues include revenues for services provided during this cost report fiscal year. Prior year Medicare revenues should not be included in the cost report.

Line 29 – Enhanced SMHS (Children) Patient Revenue

No entry. Automatically populates from MH 1901 Schedule B's, Column K. See Line 28_1 for more information.

Line 30 – Enhanced SMHS (Refugees) Patient Revenue

No entry. Automatically populates from MH 1901 Schedule B's, Column M. See Line 28_1 for more information.

Line 31 – Healthy Families Patient Revenue

No entry. HF client fees or other sources for providing services to HF clients are automatically populated from MH 1901 Schedule B's, Column O. See Line 28_1 for more information.

Line 32 – Total Expenditures from MAA (Mode 55)

No entry. Total Expenditures identified in MH 1966, Mode 55, Line 3, for SF 1 through 9 in Column A; SF 11 through 19 and 31 through 39 in Column B; and SF 21 through 29 in Column C, automatically populate these fields. The sum of Columns A, B, and C automatically calculate in Column D.

Line 33 – Medi-Cal Eligibility Factor (Average)

No entry. County Medi-Cal eligibility factor (percentage) cell references MH 1901 Schedule A_1, Column E, Line 35.

Line 34 – Revenue – MAA

No entry. Does not apply.

Line 35_1; 35_2 & 35_3 – Net Due SMHS for Direct Services

No entry. Column A automatically populates the amount from Line 32. Columns B and C, are filled by the result of the product of Lines 32 and 33. The sum of Columns A, B, and C, Line 35_1; 35_2; & 35_3, is automatically populated in Column D, Line 35_1; 35_2; & 35_3.

For Columns E, I, J, and K, the result of Line 21_1; 21_2; & 21_3 minus the sum of Lines 28_1; 28_2; & 28_3, and 29, is automatically populated.

Line 36 – Net Due Enhanced SMHS (Refugees)

No entry. Automatically populates from the result of Line 22 minus Line 30 for Columns E, I, J, and K.

Line 37_1; 37_2 & 37_3 – Net Due for Healthy Families

No entry. Automatically populates from the result of Line 27_1; 27_2; & 27_3 minus Line 31 in Columns E, I, J, and K.

Line 38_1; 38_2 & 38_3 – Amount Negotiated Rates Exceed Costs for SMHS (Excludes Enhanced SMHS Refugees)

No entry. Automatically populates from the difference of the sum of Lines 4_1; 4_2; & 4_3, 9_1; 9_2 & 9_3, and 15_1; 15_2; & 15_3 minus the sum of Lines 1_1; 1_2; & 1_3, 6_1; 6_2; & 6_3, and 12_1; 12_2 & 12_3. If the difference is less than zero, then zero is automatically populated. This line excludes Enhanced SMHS (Refugees) and INCLUDES Enhanced SMHS (Children).

Line 39 – Amount Negotiated Rates Exceed Costs for Enhanced SMHS (Refugees)

No entry. Automatically populates from the difference of Line 20 minus Line 17. If the difference is less than zero, then zero is automatically populated.

Line 40_1; 40_2 & 40_3 – Amount Negotiated Rates Exceed Costs for Healthy Families

No entry. Automatically populates from the difference of Line 26_1; 26_2; & 26_3 minus Line 23_1; 23_2; & 23_3. If the difference is less than zero, then zero is automatically populated.

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT

MH 1968 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: 0 County Code: 0 Legal Entity: 0			REIMBURSEMENT TYPE				PC	PC			Costs	
Legal Entity Number			A	B	C	D	E	F	G	H	I	K
			Mode 55			Total MAA	Total Inpatient Mode 05 Hospital Inpatient Services	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Outpatient Services Program (2)
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29							
1 1	Medi-Cal Costs	07/01/08 - 09/30/08										
1 2		10/01/08 - 12/31/08										
1 3		01/01/09 - 06/30/09										
2 1	Medi-Cal SMA	07/01/08 - 09/30/08										
2 2		10/01/08 - 12/31/08										
2 3		01/01/09 - 06/30/09										
3 1	Medi-Cal P. C.	07/01/08 - 09/30/08										
3 2		10/01/08 - 12/31/08										
3 3		01/01/09 - 06/30/09										
4 1	Medi-Cal N. R.	07/01/08 - 09/30/08										
4 2		10/01/08 - 12/31/08										
4 3		01/01/09 - 06/30/09										
5 1	Medi-Cal Gross Reimbursement	07/01/08 - 09/30/08										
5 2		10/01/08 - 12/31/08										
5 3		01/01/09 - 06/30/09										
6 1	Medicare/Medi-Cal Crossover Cost	07/01/08 - 09/30/08										
6 2		10/01/08 - 12/31/08										
6 3		01/01/09 - 06/30/09										
7 1	Medicare/Medi-Cal Crossover SMA	07/01/08 - 09/30/08										
7 2		10/01/08 - 12/31/08										
7 3		01/01/09 - 06/30/09										
8 1	Medicare/Medi-Cal Crossover P. C.	07/01/08 - 09/30/08										
8 2		10/01/08 - 12/31/08										
8 3		01/01/09 - 06/30/09										
9 1	Medicare/Medi-Cal Crossover N. R.	07/01/08 - 09/30/08										
9 2		10/01/08 - 12/31/08										
9 3		01/01/09 - 06/30/09										
10 1	Medicare/Medi-Cal Crossover Gross Reim.	07/01/08 - 09/30/08										
10 2		10/01/08 - 12/31/08										
10 3		01/01/09 - 06/30/09										
11 1	Total SD/IMC + Crossover Gross Reim.	07/01/08 - 09/30/08										
11 2		10/01/08 - 12/31/08										
11 3		01/01/09 - 06/30/09										
12 1	Enhanced SD/IMC (Children) Cost	07/01/08 - 09/30/08										
12 2		10/01/08 - 12/31/08										
12 3		01/01/09 - 06/30/09										
13 1	Enhanced SD/IMC (Children) SMA	07/01/08 - 09/30/08										
13 2		10/01/08 - 12/31/08										
13 3		01/01/09 - 06/30/09										
14 1	Enhanced SD/IMC (Children) P. C.	07/01/08 - 09/30/08										
14 2		10/01/08 - 12/31/08										
14 3		01/01/09 - 06/30/09										
15 1	Enhanced SD/IMC (Children) N. R.	07/01/08 - 09/30/08										
15 2		10/01/08 - 12/31/08										
15 3		01/01/09 - 06/30/09										
16 1	Enhanced SD/IMC (Children) Gross Reim.	07/01/08 - 09/30/08										
16 2		10/01/08 - 12/31/08										
16 3		01/01/09 - 06/30/09										
17	Enhanced SD/IMC (Refugees) Cost	07/01/08 - 06/30/09										
18	Enhanced SD/IMC (Refugees) SMA	07/01/08 - 06/30/09										
19	Enhanced SD/IMC (Refugees) P. C.	07/01/08 - 06/30/09										
20	Enhanced SD/IMC (Refugees) N. R.	07/01/08 - 06/30/09										
21 1	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/08 - 09/30/08										
21 2		10/01/08 - 12/31/08										
21 3		01/01/09 - 06/30/09										
22	Enhanced SD/IMC (Refugees) Gross Reim.	07/01/08 - 06/30/09										
23 1	Healthy Families Cost	07/01/08 - 09/30/08										
23 2		10/01/08 - 12/31/08										
23 3		01/01/09 - 06/30/09										
24 1	Healthy Families SMA	07/01/08 - 09/30/08										
24 2		10/01/08 - 12/31/08										
24 3		01/01/09 - 06/30/09										
25 1	Healthy Families P. C.	07/01/08 - 09/30/08										
25 2		10/01/08 - 12/31/08										
25 3		01/01/09 - 06/30/09										
26 1	Healthy Families N. R.	07/01/08 - 09/30/08										
26 2		10/01/08 - 12/31/08										
26 3		01/01/09 - 06/30/09										
27 1	Healthy Families Gross Reim.	07/01/08 - 09/30/08										
27 2		10/01/08 - 12/31/08										
27 3		01/01/09 - 06/30/09										
28 1	Less: Patient and Other Payor Revenue											
28 2	SD/IMC + Crossover Revenue	07/01/08 - 09/30/08										
28 3		10/01/08 - 12/31/08										
29	Enhanced SD/IMC (Children) Revenue	07/01/08 - 06/30/09										
30	Enhanced SD/IMC (Refugees) Revenue											
31	Healthy Families Revenue											
32	Total Expenditures from MAA (Mode 55)											
33	Medi-Cal Eligibility Factor (Average)											
34	Revenue - MAA											
35 1	Net Due - SD/IMC for Direct Services	07/01/08 - 09/30/08										
35 2		10/01/08 - 12/31/08										
35 3		01/01/09 - 06/30/09										
36	Net Due - Enhanced SD/IMC (Refugees)											
37 1	Net Due - Healthy Families	07/01/08 - 09/30/08										
37 2		10/01/08 - 12/31/08										
37 3		01/01/09 - 06/30/09										
38 1	Amount Negotiated Rates Exceed Costs	07/01/08 - 09/30/08										
38 2	SD/IMC (Includes Children)	10/01/08 - 12/31/08										
38 3		01/01/09 - 06/30/09										
39	Enhanced SD/IMC (Refugees)											
40 1	Healthy Families	07/01/08 - 09/30/08										
40 2		10/01/08 - 12/31/08										
40 3		01/01/09 - 06/30/09										

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Table 1
Lines for Comparison

LE Classifications	Reimbursement Method	Lowest of Lines
<i>Cost-Based Reimbursement</i>		
1. Nominal Fee Provider	Cost	$1_1 + 1_2 + 1_3 + 6_1 + 6_2 + 6_3 + 12_1 + 12_2 + 12_3 + 17$
	- or -	-or-
	SMA	$2_1 + 2_2 + 2_3 + 7_1 + 7_2 + 7_3 + 13_1 + 13_2 + 13_3 + 18$
2. Not A Nominal Fee Provider	Cost	$1_1 + 1_2 + 1_3 + 6_1 + 6_2 + 6_3 + 12_1 + 12_2 + 12_3 + 17$
	- or -	- or -
	SMA	$2_1 + 2_2 + 2_3 + 7_1 + 7_2 + 7_3 + 13_1 + 13_2 + 13_3 + 18$
	- or -	- or -
	Published Charges	$3_1 + 3_2 + 3_3 + 8_1 + 8_2 + 8_3 + 14_1 + 14_2 + 14_3 + 19$
<i>Negotiated Rate Reimbursement</i>		
3. Nominal Fee Provider	SMA	$2_1 + 2_2 + 2_3 + 7_1 + 7_2 + 7_3 + 13_1 + 13_2 + 13_3 + 18$
	- or -	- or -
	Negotiated Rates	$4_1 + 4_2 + 4_3 + 9_1 + 9_2 + 9_3 + 15_1 + 15_2 + 15_3 + 20$
4. Not a Nominal Fee Provider	SMA	$2_1 + 2_2 + 2_3 + 7_1 + 7_2 + 7_3 + 13_1 + 13_2 + 13_3 + 18$
	- or -	- or -
	Published Charges	$3_1 + 3_2 + 3_3 + 8_1 + 8_2 + 8_3 + 14_1 + 14_2 + 14_3 + 19$
	- or -	- or -
	Negotiated Rates	$4_1 + 4_2 + 4_3 + 9_1 + 9_2 + 9_3 + 15_1 + 15_2 + 15_3 + 20$

Table 2
Lines for Comparison
For Outpatient Program 2 Only

LE Classifications	Reimbursement Method	Lowest of Lines
All Program 2	Cost	1_1 + 1_2 + 1_3 + 6_1 +
		6_2 + 6_3 + 12_1 + 12_2 +
	- or -	12_3 + 17
	SMA	- or -
		2_1 + 2_2 + 2_3 + 7_1 +
		7_2 + 7_3 + 13_1 + 13_2 +
		13_3 + 18

MH 1969 INST**Instructions for Lower of Costs or Charges Determination**

The purpose of MH 1969 INST is to determine if you qualify as a NFP. Before you can continue to complete the MH 1969, you must answer four questions on MH 1969 INST.

- ☐ Does your LE have a published schedule of its full (non-discounted) charges?
- ☐ Are your LE's revenues for patient care based on application of a published charge schedule?
- ☐ Does your LE maintain written policies for its process of making patient indigence determinations?
- ☐ Does your LE maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures?

Nominal Fee Provider determination			
Please answer the following questions.			
Yes	No		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	1.	Does your legal entity have a published schedule of its full (non-discounted) charges?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2.	Are your legal entity's revenue for patient care based on application of published charge schedule?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3.	Does your legal entity maintain written policies for its process of making patient indigence determinations?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4.	Does your legal entity maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures?
<div style="display: flex; justify-content: space-around; align-items: center;"> HOME << MH1960 MH1969 >> </div>			

If you answer No to any of the above questions, then you DO NOT qualify as a NFP and you should not complete the MH 1969.

MH 1969 (Optional)***Lower of Costs or Charges Determination***

The LE must have a published schedule of its full (non-discounted) charges. The objective of MH 1969 is to determine whether LEs are exempt from having to apply the Lower of Cost or Charges (LCC) principle. MH 1969 is an optional form and should be completed by LEs whose charges are lower than the SMA upper limits; and costs for non-negotiated rate LEs or negotiated rates for negotiated rate LEs. If a LE's Medi-Cal adjusted customary charges are equal to or less than 60 percent of Medi-Cal costs, and the LE meets four additional criteria, the LE is exempt from having to include charges in the comparison on MH 1968. The four additional criteria that must be met by a LE are:

- The LE must have a published schedule of its full (non-discounted) charges.
- The LE's revenues for patient care must be based on application of a published charge schedule.
- The LE must maintain written policies for its process of making patient indigence determinations.
- The LE must maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures.

The exemption must be proved separately for Medi-Cal Inpatient Services (Mode 05-Hospital Inpatient Services) and Medi-Cal Outpatient Services (Mode 05-Other 24 Hour Services, Mode 10-Day Services, and Mode 15-Outpatient Services). Refer to DMH Letter No. 90-05 and attachments for a detailed explanation of how to meet these four criteria.

Medi-Cal adjusted customary charges are calculated using several different methods, all of which result in the same outcome.² The MH 1969 employs the calculation method applicable to most LEs. Medi-Cal adjusted customary charges are calculated by first dividing actual charges to non-Medicare and non-Medi-Cal patients by adjusted or published charges to non-Medicare and non-Medi-Cal patients. This ratio is then applied to Medi-Cal charges (i.e., amounts billed to Medi-Cal), resulting in Medi-Cal adjusted customary charges. These charges are compared to 60 percent of Medi-Cal costs and, if equal to or less, the LE is exempt from having to apply the LCC principle. Dollar amounts should be rounded to the nearest whole dollar.

² See: *Medicare and Medicaid Guide*, Commerce Clearing House, ¶7585, August 1989.

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

LOWER OF COSTS OR CHARGES EXEMPTION DETERMINATION (Optional)

MH 1969 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: 0						
County Code:						
Legal Entity: 0						
Legal Entity Number:						
		A Total Inpatient	B	C	D	E Total Outpatient
		Mode 05 Hospital Inpatient	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services	
1	Amount billed to Medi-Cal					
	Non-Medicare/Medi-Cal Actual Charges					
2	Non-Medicare/Medi-Cal Patient Revenue					
3	Non-Medicare/Medi-Cal Patient Insurance					
4	Subtotal					
5	Non-Medicare/Medi-Cal Published Charges					
6	Ratio of Actual to Published Charges	0.00%				0.00%
7	Medi-Cal Adjusted Customary Charges					
8	Medi-Cal Costs					
9	60 Percent of Medi-Cal Costs					
DMH use only		Inpatient		Exempt		Outpatient
Line 9 greater than line 7.		<input type="checkbox"/>		Not Exempt		<input type="checkbox"/>
Line 7 greater than line 9.		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>

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Line 1 – Amount Billed to Medi-Cal

Enter the amount billed to Medi-Cal (through DMH) for the cost report fiscal year. The amount should be derived from the county's monthly billing records. Enter amount for each mode of service in the appropriate column. Column E automatically populates from the sum of Columns B through D.

Line 2 – Non-Medicare/Medi-Cal Patient Revenues

Enter the total patient revenue for the cost report fiscal year billed (not necessarily collected) to non-Medicare patients and non-Medi-Cal patients based on the Uniform Method of Determining Ability to Pay (UMDAP). Billings to patients liable for payment on a charge basis (non-contractual patients) based on the UMDAP should be reported.

Billings to a Health Maintenance Organization (HMO), County Organized Health System (COHS), Preferred Provider Organization (PPO), or Primary Care Case Management (PCCM) should not be included. Line 2, Column A, represents amount billed to patients for Mode 05, Hospital Inpatient Services; and Line 2, Column E, represents amount billed to patients for Mode 05-Other 24 Hour Services, Mode 10-Day Services, and Mode 15-Outpatient Services.

Line 3 – Non-Medicare/Medi-Cal Patient Insurance

Enter the total patient insurance collected from non-Medicare patients and non-Medi-Cal patients for the cost report fiscal year. Line 3, Column A, represents patient insurance collected for Mode 05-Hospital Inpatient Services; and Line 3, Column E, represents patient insurance collected for Mode 05-Other 24 Hour Services, Mode 10-Day Services, and Mode 15-Outpatient Services.

Line 4 – Subtotal

No entry. This line sums Lines 2 and 3 for Column A (Inpatient) and Column E (Outpatient).

Line 5 – Non-Medicare/Medi-Cal Published Charges

Non-Medicare/Medi-Cal PC represent amount non-Medicare and non-Medi-Cal patients would have paid had they been full-fee paying patients. On a separate worksheet maintained by the LE, multiply the units of service/time provided to non-Medicare and non-Medi-Cal patients by the LE's PC or rate for each SF. These amounts should be aggregated by mode of service and reported in the appropriate column on Line 5. The sum of Columns B through D is automatically populated in Column E. Columns A and E represent LE's non-Medicare/Medi-Cal PC for inpatient and outpatient services.

Line 6 – Ratio of Actual to Published Charges

No entry. Automatically populates from the calculation of Line 4 divided by Line 5 in Column A (Inpatient) and Column E (Outpatient).

Line 7 – Medi-Cal Adjusted Customary Charges

No entry. Automatically populates from the calculation of Line 1 multiplied by Line 6 in Column A (Inpatient) and Column E (Outpatient).

Line 8 – Medi-Cal Costs

No entry. The LE's total cost for providing Medi-Cal Inpatient and Outpatient services are automatically populated in Columns A and E from the sum of MH 1968, Lines 11_1; 11_2; 11_3; 16_1; 16_2; 16_3, and 22, Column E and Column I.

Line 9 – 60 Percent of Medi-Cal Costs

No entry. Automatically populates from the calculation of Columns A and E by multiplying Line 8 by 60 percent.

If amount on Line 9, Column A (60 percent of Medi-Cal inpatient costs), is greater than Line 7, Column A (Medi-Cal inpatient adjusted customary charges), the LE is exempt from having to apply the LCC principle for Mode 05-Hospital Inpatient Services. If Line 7, Column A, is greater than Line 9, Column A, the LE is not exempt from having to apply the LCC principle for Mode 05-Hospital Inpatient Services on MH 1968 and must include Medi-Cal Mode 05-Hospital Inpatient charges in the comparison on MH 1968.

If amount on Line 9, Column E (60 percent of Medi-Cal outpatient costs), is greater than Line 7, Column E (Medi-Cal outpatient adjusted customary charges), the LE is exempt from having to apply the LCC principle for outpatient services. If Line 7,

Column E, is greater than Line 9, Column E, the LE is not exempt from having to apply the LCC principle for outpatient services on MH 1968 and must include the Medi-Cal outpatient charges in the comparison on MH 1968.

MH 1979***SMHS Preliminary Desk Settlement***

The objective of MH 1979 is to determine the preliminary net Federal Financial Participation (FFP) due the LE for all SMHS and HF services. Data for Lines 1 through 10 and 13 through 15 are to be entered by County LEs on appropriate forms (MH 1900_Information and MH 1960, etc.).

Line 1 – County SMHS Direct Service Gross Reimbursement

No entry. Automatically populates Columns B and C, County's LE SMHS Direct Service Gross Reimbursement for inpatient and outpatient services from MH 1968, Columns E and K, sum of Lines 21_1; 21_2, & 21_3, and 22. Automatically populates Column D with the sum of Columns B and C.

Line 2 – Contract Provider Medi-Cal Direct Service Gross Reimbursement

No entry. Automatically populates Columns B and C, Contract Providers SMHS Direct Service Gross reimbursement for inpatient and outpatient services from the MH 1900 Information Sheet. These services are manually entered on the MH 1900 Information Sheet from the MH 1968, Columns E and K, sum of Lines 21_1; 21_2, & 21_3, and 22, for all LEs that contract for SMHS services with the county of County MHPs. This entry should include payments to FFS/MC hospitals for psychiatric inpatient services (MH 1994, Lines 2A, 6, and 7 Plus FFP) that have not been included in the Allowable Costs for Allocation (Line 8) on MH 1960. The sum of Columns B and C automatically populates in Column D.

Line 3 – Total Medi-Cal Direct Service Gross Reimbursement

No entry. Automatically populates Column D with the sum of Lines 1 and 2. This amount represents total allowable SMHS direct service costs in the county that will be used to determine maximum allowable SMHS administrative reimbursement for the county LE.

Line 4 – SMHS Administrative Reimbursement Limit

No entry. SMHS Administrative costs are limited to 15 percent of SMHS direct service costs. Automatically populates by multiplying Column D, Line 3, by 0.15 to compute maximum SMHS reimbursement for administrative services.

Line 5 – SMHS Administration

No entry. Automatically populates from MH 1960, Column C, Line 9.

Line 6 – SMHS Administrative Reimbursement

No entry. Automatically populates Column D with the lower of Lines 4 and 5. Then Column E is automatically populated from multiplying Column D by 50 percent to determine FFP for SMHS administration.

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT

MH 1979 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: 0

County Code:

Legal Entity: 0	G	A	B	C	D	E	F		H	I	J
Legal Entity Number:		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	50.00% FFP	61.59% FFP	%Variable % FFP	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County Only)											
1 County SD/MC Direct Service Gross Reimbursement											
2 Contract Providers Medi-Cal Direct Service Gross Reimbursement											
3 Total Medi-Cal Direct Service Gross Reimbursement											
4 Medi-Cal Administrative Reimbursement Limit											
5 Medi-Cal Administration											
6 Medi-Cal Administrative Reimbursement											
Healthy Families Administrative Reimbursement (County Only)											
7 County Healthy Families Direct Service Gross Reimbursement											
7A Contract Providers Healthy Families Direct Service Gross Reim.											
7B Total Healthy Families Direct Service Gross Reimbursement											
8 Healthy Families Administrative Reimbursement Limit											
9 Healthy Families Administration											
10 Healthy Families Administrative Reimbursement											
SD/MC Net Reimbursement for MAA											
11 Medi-Cal Admin. Activities Svc Functions 01 - 09											
12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39											
13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)											
14 Utilization Review-Skilled Prof. Med. Personnel (County Only)											
15 Other SD/MC Utilization Review (County Only)											
16 SD/MC Net Reimbursement for Direct Services 07/1/08 - 08/30/08											
16A SD/MC Net Reimbursement for Direct Services 10/1/08 - 06/30/09											
17 Enhanced SD/MC Net Reimb. (Children) 07/1/08 - 09/30/08											
17A Enhanced SD/MC Net Reimb. (Children) 10/1/08 - 06/30/09											
18 Enhanced SD/MC Net Reimb. (Refugees)											
19 Total SD/MC Reimbursement Before Excess FFP											
20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC											
21 Total SD/MC Reimbursement (FFP)											
22 Contract Limitation Adjustment											
23 Adjusted Total SD/MC Reimbursement (FFP)											
24 Healthy Families Net Reimbursement 07/1/08 - 09/30/08											
24A Healthy Families Net Reimbursement 10/1/08 - 06/30/09											
25 Total Healthy Families Reimbursement Before Excess FFP											
26 Amount Negotiated Rates Exceed Costs - Healthy Families											
27 Total Healthy Families Reimbursement											

STATE SHARE OF SD/MC COST

Line 6: Column D minus Column E	
Line 10: Column D minus Column H	
Line 11: Column D minus Column E	
Line 12: Column D minus Column E	
Line 13: Column D minus Column I	
Line 14: Column D minus Column I	
Line 15: Column D minus Column E	
Line 16: Column D minus Column F	
Line 16A: Column D minus Column G	
Line 17: Column D minus Column H	
Line 17A: Column D minus Column H	
Line 18: Column D minus Column H	
Line 24: Column D minus Column H	
Line 24A: Column D minus Column H	
TOTAL STATE SHARE SD/MC COST	

Line 7 – County Healthy Families Direct Service Gross Reimbursement

No entry. Automatically populates Columns B and C, County's LE Healthy Families Direct Service Gross Reimbursement, from MH 1968, Columns E and K, sums of Lines 27_1; 27_2, & 27_3. Column D is automatically populated with the sum of Columns B and C.

Line 7A – Contract Provider Healthy Families Direct Service Gross Reimbursement

No entry. Columns B and C, Contract Providers HF Direct Service Gross Reimbursement for inpatient and outpatient services, are manually entered in the MH 1900 Information Sheet based on the calculations from MH 1968, Columns E and K, sum of Lines 27_1; 27_2, & 27_3, for all LEs that contract with the MHPs. Column D is automatically populated with the sum of Columns B and C.

Line 7B – Total Healthy Families Direct Service Gross Reimbursement

No entry. The sum of Lines 7 and 7A in Column D are automatically populated on Line 7B. This amount represents total allowable Healthy Families direct service costs in the county that will be used to determine maximum allowable Healthy Families administrative reimbursement for the county LE.

Line 8 – Healthy Families Administrative Reimbursement Limit

No entry. Healthy Families Administrative costs are limited to 10 percent of Healthy Families direct service gross costs. Column D, Line 7, is automatically multiplied by 10 percent to compute Healthy Families administrative limit.

Line 9 – Healthy Families Administration

No entry. The Healthy Families Administrative costs are automatically populated from Column C, Line 10, of MH 1960.

Line 10 – Healthy Families Administrative Reimbursement

No entry. The lower of Lines 8 and 9 from Column D is automatically selected and populated in Column D, Line 10. The amount in Column D is automatically multiplied by 65 percent to determine the FFP for Healthy Families administrative costs. The result is rounded to the nearest whole dollar and populated on Line 10, Column H.

NOTE: Lines 11 through 13 are for MAA participants only. Others Skip to Line 14.

Line 11 – Mental Health Medi-Cal Administrative Activities Service Functions 01 – 09

No entry. The Net Due from Medi-Cal for MAA for Service Functions 01 through 09 is automatically populated from Line 35_1, Column A, of MH 1968 in Columns A and D. The result in Column D is automatically multiplied by 50 percent and entered in Columns E and J. Verify that Line 11 equals or agrees with MH 1979, Line 21, Column J (FFP).

Line 12 – Mental Health Medi-Cal Administrative Activities Service**Functions 11 - 19, 31 - 39**

No entry. The Net Due from Medi-Cal for MAA for Service Functions 11 through 19 and 31 through 39 is automatically populated from Line 35_1, Column B, of MH 1968 in Columns A and D. The result in Column D is automatically multiplied by 50 percent and entered in Columns E and J. Verify that Line 12 agrees with MH 1979, Line 27 (Healthy Families).

Line 13 – Mental Health Medi-Cal Administrative Activities Service**Functions 21 - 29****(County Only)**

No entry. The Net Due from Medi-Cal for MAA for Service Functions 21 through 29 is automatically populated from Line 35_1, Column C, of MH 1968 in Columns A and D. The result in Column D is automatically multiplied by 75 percent and populated in Columns I and J.

Line 14 – Utilization Review – Skilled Professional Medical Personnel**(County Only)**

No entry. The SMHS utilization review costs for skilled professional medical personnel are populated from Column C, Line 13, of MH 1960. The result in Column D is automatically multiplied by 75 percent to determine FFP and populated in Columns I and J.

Line 15 – Other SMHS Utilization Review**(County Only)**

No entry. The other SMHS utilization review costs are automatically populated from Column C, Line 14, of MH 1960 in Column D. The result in Column D is automatically multiplied by 50 percent to determine FFP and is populated in Columns E and J.

Line 16 A – SMHS Net Reimbursement for Direct Services @ 50% - with negotiated rates

(07/01/08 – 09/30/08);

Line 16B – SMHS Net Reimbursement for Direct Services @ 61.59% - with negotiated rates

(10/01/08 – 12/31/08);

Line 16C - SMHS Net Reimbursement for Direct Services @ 61.59% - without negotiated rates

(01/01/09 – 06/30/09)

No entry. The SMHS direct service net reimbursement for inpatient and outpatient services are automatically populated from Columns E and K, Line 11_1; 11_2 & 11_3, of MH 1968 in Columns B and C, respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 50 & 61.69 percent to determine FFP for SMHS direct services and populated in Columns F and J, G and J respectively.

Line 17A – SMHS Net Reimbursement for Direct Services @ 50% - with negotiated rates**(07/01/08 – 09/30/08);****Line 17B – SMHS Net Reimbursement for Direct Services @ 61.59% - with negotiated rates****(10/01/08 – 12/31/08);****Line 17C - SMHS Net Reimbursement for Direct Services @ 61.59% - without negotiated rates****(01/01/09 – 06/30/09)**

No entry. The Enhanced SMHS (Children) direct services net reimbursement is automatically populated from Columns E (Inpatient) and K (Outpatient), Line 16_1; 16_2; 16_3 of MH 1968 in Columns B and C, respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 65 percent to determine FFP for Enhanced SMHS (Children) direct services and populated in Columns H and J.

Line 18 – Enhanced SMHS Net Reimbursement (Refugees) @ 100%

No entry. The Enhanced SMHS (Refugees) direct services net reimbursement is automatically populated from Columns E (Inpatient) and K (Outpatient), Line 22 of MH 1968 in Columns B and C, respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 100 percent to determine FFP for Enhanced SMHS (Refugees) direct services and populated in Columns H and J.

Line 19 – Total SMHS Reimbursement Before Excess FFP

No entry. The sum of Column J, Lines 6, 11 through 15, 16, 16A, 17, 17A, and 18 are automatically populated in Column J.

Line 20 – Amount Negotiated Rates Exceed Costs – SMHS and Enhanced SMHS

No entry. LEs reimbursed based on negotiated rates must refund to CMS 25 percent of the amount negotiated rates or reimbursement rates exceed costs. From MH 1968, the sum of Lines 38_1; 38_2, and 39 in Columns E (Inpatient) and K (Outpatient) is automatically populated into Columns B and C, respectively. The sum of Columns B and C is automatically populated in Column D. Column J automatically multiplies Column D by 25 percent. This represents the amount of FFP to be repaid to CMS.

Line 21 – Total SMHS Reimbursement (FFP)

No entry. For Column J, the result of Line 19 minus Line 20 is automatically populated.

Line 22 – Contract Limitation Adjustment

No entry. This line automatically populates from MH 1900 Information Sheet when the county enters an adjustment to Medi-Cal due to contract limitations.

Line 23 – Adjusted Total SMHS Reimbursement (FFP)

No entry. The result of Line 21 plus Line 22 is automatically populated.

Line 24A – SMHS Net Reimbursement for Direct Services @ 50% - with negotiated rates**(07/01/08 – 09/30/08);****Line 24B – SMHS Net Reimbursement for Direct Services @ 61.59% - with negotiated rates****(10/01/08 – 12/31/08);****Line 24C - SMHS Net Reimbursement for Direct Services @ 61.59% - without negotiated rates****(01/01/09 – 06/30/09)**

No entry. The amounts (Net Due-Healthy Families) from MH 1968, Line 37_1; 37_2 & 37_3 Columns E (Inpatient) and K (Outpatient) are automatically populated in Columns B and C, respectively. The amount in Column D is automatically multiplied by 65 percent to determine FFP for SMHS Healthy Families direct services and populated in Columns H and J.

Line 25 – Total Healthy Families Reimbursement Before Excess FFP

No entry. The sum of Line 10, Line 24, and Line 24A automatically populates Column J.

Line 26 – Amount Negotiated Rate Exceeds Cost – Healthy Families

No entry. Column B (Inpatient) and Column C (Outpatient) are automatically entered from MH 1968, sum of Line 40_1 plus Line 40_2, Column E (Inpatient) and Column K (Outpatient). The sum of Column B and C automatically populates Column D. Column D is multiplied by 25 percent and automatically populates Column J.

Line 27 – Total Healthy Families Reimbursement

No entry. The difference between Lines 25 and 26 automatically populates Column J.

MH 1991**Calculation of SMHS (Hospital Administrative Days)**

The objective of MH 1991 is to identify amount of Physician and Ancillary costs associated with SMHS and HF Hospital Administrative Days (Mode 05, SF 19) for the purpose of grossing up SMA rate on the MH 1966.

Column A – Settlement Group

No entry. Settlement groups are provided.

Column B – Provider Number

Enter 4-digit Provider Number.

Column C – SMA Rate

No entry. SMA rate for FY 2008-2009 has two periods. The SMA rate for period of service from 07/01/08 through 07/31/08 is \$318.19 and from 08/01/08 through 06/30/09 is \$351.26

Column D – Period of Service

No entry. Period of Service has four periods:

- 07/01/08 through 07/31/08;
- 08/01/08 through 09/30/08;
- 10/01/08 through 12/31/08; and
- 01/01/09 through 06/30/09.

Column E – Administrative Days

Enter number of SMHS Administrative Days according to period during which services were provided and by the settlement group the services were rendered during the fiscal year. This column should match the number of Medi-Cal units reported on Schedules B's for Mode 05, SF 19.

Column F – Subtotal Amount

No entry. Automatically populates with result of Column C multiplied by Column E.

Column G – Physician Costs

Enter cost of physician services related to SMHS Administrative Days for each period and settlement group. (Amounts should be included in total billed to Medi-Cal.)

Column H – Ancillary Costs

Enter cost of ancillary services related to SMHS Administrative Days for each period and settlement group. (Amounts should be included in total billed to Medi-Cal.)

Column I – Total Amount

No entry. Automatically populates with the sum of Columns F, G, and H for each period and settlement group.

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

CALCULATION OF SHORT-DOYLE/MEDI-CAL FOR FY 2008 - 2009 HOSPITAL ADMINISTRATIVE DAYS

MH 1991 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

COUNTY NAME:		LEGAL ENTITY			NAME:			
COUNTY CODE:					NUMBER:			
A	B	C	D	E	F	G	H	I
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT
SD/MC		\$318.19	07/01/08 - 07/31/08					
		\$351.26	08/01/08 - 09/30/08					
		\$351.26	10/01/08 - 12/31/08					
		\$351.26	01/01/09 - 06/30/09					
							Sub Total:	
Children EMC		\$318.19	07/01/08 - 07/31/08					
		\$351.26	08/01/08 - 09/30/08					
		\$351.26	10/01/08 - 12/31/08					
		\$351.26	01/01/09 - 06/30/09					
							Sub Total:	
Refugees EMC		\$318.19	07/01/08 - 07/31/08					
		\$351.26	08/01/08 - 09/30/08					
		\$351.26	10/01/08 - 12/31/08					
		\$351.26	01/01/09 - 06/30/09					
							Sub Total:	
Healthy Families		\$318.19	07/01/08 - 07/31/08					
		\$351.26	08/01/08 - 09/30/08					
		\$351.26	10/01/08 - 12/31/08					
		\$351.26	01/01/09 - 06/30/09					
							Sub Total:	
GRAND TOTAL								

HOME

<< MH1901_Schedule_B

MH1961 >>

MH 1992 INST**Identification of Funding Sources**

Note: The MH 1992 INST has been disabled for FY 2008-2009.

Identification of Funding Sources Please check all that apply.				
Yes	No		Funding Sources	MH1992
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.	SAMHSA Grants	(Line 4)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.	PATH Grants	(Line 5)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.	RWJ Grants	(Line 6)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4.	Other Grants	(Line 7)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5.	Patient Fees	(Line 9)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6.	Patient Insurance	(Line 10)
		7.	Regular SD/MC (FFP only)	(Line 11)
		8.	Healthy Family - Fed share	(Line 12)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9.	Medicare - Fed. Share	(Line 13)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10.	Conservatorship Admin. Fees	(Line 14)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.	State General Fund-State Share	(Line 15)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12.	State General Fund-County Match	(Line 16)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13.	SGF-Managed Care - Outpatient	(Line 17)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14.	04-05 Rollover - Managed Care-Other	(Line 18)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15.	EPSDT SD/MC - State Share Est.	(Line 19)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16.	04-05 SGF Rollover	(Line 20A)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17.	Other Revenue	(Line 20B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18.	Realignment Funds/MOE	(Line 21)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.	Prior Years MHSA	(Line 22)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20.	MHSA	(Line 23)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21.	County Overmatch	(Line 24)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	22.	CALWORKS	(Line 25)
<div> HOME MH1992 >> </div>				

MH 1992**Funding Sources**

The objective of MH 1992 is to identify the types of resources used to finance specific mental health program activities for each LE by mode of service. Funding source identifies who is paying for programs authorized by the county mental health agency.

State of California Health and Human Services Agency											Department of Mental Health
DETAIL COST REPORT											
FUNDING SOURCES											
MH 1992 (Rev. 11/09)											FISCAL YEAR 2008 - 2009
County: 0											
County Code:											
Legal Entity: 0											
Legal Entity No.:											
	A	B	C	D	E	F	G	H	I	J	
	Admin / Research & Evaluation	Utilization Review	Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	Total Legal Entity	
1	Gross Cost										
2	Adjustments										
3	Adjusted Gross Cost										
											CROSSCHECKS
											OK

Column J – Total LE

No entry. Automatically populates from the sum of Columns A through I for each line.

Line 1 – Gross Cost

No entry. Column A, Line 1, is the sum of Column C, Lines 12 and 17 of MH 1960. Column B is from MH 1960, Column C, Line 16. Columns C through I, Line 1, are from Column A, Line 3, of the relevant MH 1966s.

Line 2 – Adjustment

Enter in Columns C through I, the amounts needed to adjust LE costs to actual program funding, such as the difference between county contract rate and actual cost incurred by contract providers.

For LEs that provide services to *multiple counties*, adjust gross aggregate county LE allowable costs on Line 2, Columns C through I to agree with the amount received from each county for which a cost report is being submitted. Report aggregate gross county LE costs for all county LEs on MH 1960, and aggregate gross county LEs units of service on the MH 1901 Schedule B, for the appropriate time period, for the determination of cost per unit.

Line 3 – Adjusted Gross Cost

No entry. Automatically populates from the result of Line 1 plus or minus Line 2.

State of California Health and Human Services Agency											Department of Mental Health	
DETAIL COST REPORT												
FUNDING SOURCES												
MH1992 (Rev. 11/09)											FISCAL YEAR 2008 - 2009	
County: 0												
County Code:												
Legal Entity: 0	A	B	C	D	E	F	G	H	I	J		
Legal Entity No.:	Admin / Research & Evaluation	Utilization Review	Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	Total Legal Entity		
1	Gross Cost											CROSSCHECKS
2	Adjustments											
3	Adjusted Gross Cost											OK
	Funding Sources											
	Grants											
4	SAMHSA Grants											
5	PATH Grants											
6	RWJ Grants											
7	Other Grants											
8	Total Grants Accrued											OK
9	Patient Fees											
10	Patient Insurance											
11	Regular/Enhanced SD/MC (FFP only)											OK MH1979 SDMC MATCH
12	Healthy Family - Fed share											OK MH1979 HF MATCH
13	Medicare - Fed. Share											
14	Conservatorship Admin. Fees											
15	State General Fund-State Share											
16	State General Fund-County Match											
17	SGF-Managed Care - Outpatient											
18	07-08 Rollover - Managed Care-Other											
19	EPSDT SD/MC - State Share Est.											
20A	07-08 SGF Rollover											
20B	Other Revenue											
21	Realignment Funds/MOE											
22	Prior Years MHSA											
23	MHSA											
24	County Overmatch											
25	CALWORKS											
26	Total Funding Sources											OK

EDIT CHECKS
Line 3 = Line 24? OK
Amt. to Balance to Line 3: 0 OK 0 OK 0 OK 0 OK 0 OK 0 OK 0 OK 0

HOME
<< MH1992_INST
DONE!

Line 4 – SAMHSA Grants (formal title – Block Grants for Community Mental Health Services (MHBG))

Enter revenues expended from Block Grants for Community Mental Health Services (MHBG), formerly the Substance Abuse and Mental Health Services Administration Block Grant (SAMHSA) federal grants for appropriate modes of service.

Line 5 – PATH Grants

Enter revenues expended from Projects for Assistance in Transition from Homelessness (PATH) federal grants for appropriate modes of service.

Line 6 – RWJ Grants

Enter revenues expended from Robert Wood Johnson (RWJ) Foundation grants for appropriate modes of service.

Line 7 – Other Grants

Enter revenues expended from other grants not reported on Lines 4 through 6 for appropriate modes of service.

Line 8 – Total Grants Accrued

No entry. Automatically populates from the sum of Lines 4 through 7 for Columns A through G.

Line 9 – Patient Fees

Enter patient fees received for appropriate treatment program modes of service.

Line 10 – Patient Insurance

Enter patient insurance received for appropriate treatment program modes of service.

Line 11 – Regular and Enhanced SMHS (FFP Only)

No entry.

Note: SMHS and Enhanced SMHS net reimbursement (FFP portion only) are included on this line.

Column A (Administration) automatically populates from MH 1979, Column J, Line 6.

Column B (Utilization Review) automatically populates from the result of MH 1979, Column J, Lines 14 plus 15.

Column C (Mode 05 – Hospital Inpatient) automatically populates from the result of MH 1979, Column B, sum of Line 16 x .50, plus Line 16A x .50, plus Line 17 x .65, plus Line 17A x .65, plus Line 18 x 1.00, minus MH 1979, Column B, Line 20 x .25.

Columns D (Mode 05 – Other 24 Hour Services), E (Mode 10 – Day Services) and F (Mode 15 – Outpatient Services) are automatically populates with data from MH 1968, Columns F (Mode 05- Other 24 Hour Services), G (Mode 10 – Day Services), and H plus J (Mode 15 – Outpatient Services, Programs 1 and 2), Line 11 minus Line 28, x .50, plus Line 11A minus Line 28A, x .50, plus Line 16 minus Line 29, x .65, plus Line 16A, x .65, plus Line 22 minus Line 30, x 1.0 minus the sum of Lines 38, 38A, and 39 x .25.

Column H (Mode 55 – MAA) automatically populates from MH 1979, Column J, sum of Lines 11, 12, and 13.

Line 12 – Healthy Families – Federal Share

No entry.

Column A (Administration) automatically populates from MH 1979, Column J, Line 10.

Column C (Mode 05 – Hospital Inpatient) automatically populates as the result of MH 1979, Column B, Line 24 x .65, plus Line 24A x .65, minus the product of .25 x Line 26.

Columns D (Mode 05 – Other 24 Hour Services), E (Mode 10 – Day Services) and F (Mode 15 – Outpatient Services) automatically populates using data from MH 1968, Columns F (Mode 05 – Other 24 Hour Services), G (Mode 10 – Day Services) and H plus J (Mode 15 – Outpatient Services, Programs 1 and 2), Line 37 x .65, plus Line 37A x .65, minus .25 x sum of Lines 40 plus 40A.

Line 13 – Medicare – Federal Share

Enter Medicare revenue accrued/received for appropriate treatment program modes of service.

Line 14 – Conservator Administrative Fees

Enter conservator administration fees received in Column I, Line 14.

Line 15 – State General Fund – State Share

Enter State share of State General Fund (SGF) (90 percent for large counties) in Columns A through I. These are primarily categorical funds allocated by DMH to the counties for FY 2008-2009. Community Services – Other Treatment for Mental Health Managed Care should not be included on this line. Total amount should equal MH 1940, Column A, Lines 9, 10, 11, and 12.

Line 16 – State General Fund – County Match

Enter county share (10 percent for large counties) of cost to match State General Fund in Columns A through I, if applicable.

Line 17 – State General Fund – Managed Care – Outpatient Mental Health Services

Enter expenditures by modes of service for Outpatient Mental Health Services funded by FY 2008-2009 SGF – Managed Care allocation. Total amount should equal MH 1994, Lines 8 and 9, and MH 1940, Line 13, Column A.

Line 18 – FY 2008-2009 Rollover – Managed Care – Outpatient Mental Health Services

Enter expenditures for Outpatient Mental Health Services by modes of service, funded by rollover from FY 2007-2008 SGF – Managed Care allocation. The amount should equal MH 1994, Line 2B, amount expended on Outpatient Mental Health Services. Line 2A is inpatient hospital expenditures paid from the contingency reserves, while Line 2B is outpatient expenditures paid also from the contingency reserves.

Line 19 – EPSDT SMHS – State Share Estimate

Enter estimated SGF of EPSDT SMHS. Estimated amount should be based upon anticipated EPSDT expenditures and may or may not be different than EPSDT SGF Interim Funding the County received as an advance. EPSDT amount should be reflected on MH 1940, Line 16.

Line 20A – FY 2007-2008 SGF Rollover

Enter by mode of service, categorical funds SGF rolled over from the previous fiscal year.

Line 20B – Other Revenues

Enter here all other revenues received and not reported on Lines 4 through 19.

Line 21 – Realignment Funds/Maintenance of Effort

Enter amount expended per realignment funding and county Maintenance of Effort (MOE) obligations pursuant to Welfare and Institutions Code § 17608.05 for each mode of service. Include realignment funds used to match FFP under the SMHS program. Exclude realignment funding for State Hospitals and county match for SGF allocated by DMH.

Line 22 – Prior Years-MHSA

No entry. Field Shaded for FY 2008-2009.

Line 23 – MHSA

Enter amount expended per MHSA funding, including MHSA funds used to match FFP under the SMHS program. This amount should equal MH 1995, Line 7.

Line 24 – County Overmatch

Enter county overmatch funds the county contributes over the percentage amounts prescribed by law.

Line 25 – CalWORKS

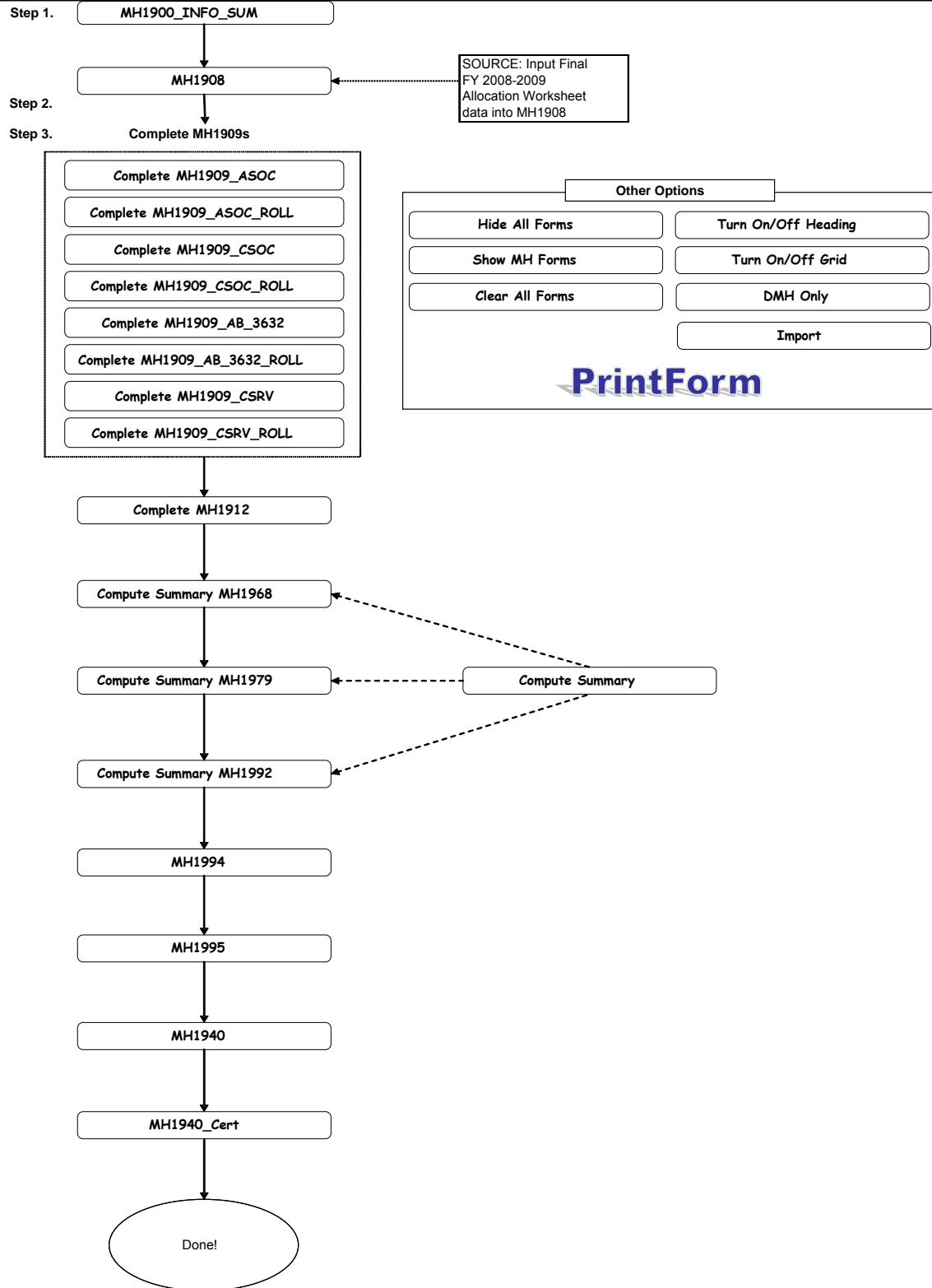
Enter the county CalWORKS funds used for SMHS.

Line 26 – Total Funding Sources

No entry. Automatically populates from the sums Lines 8 through 25 for Columns A through I. Amount in Column J, Line 25, should equal amount in Column J, Line 3.

Note: Any difference between the two amounts should be corrected before submitting the cost report.

Summary Flow Chart Instruction (2008-2009)



Summary Forms for Counties ONLY

This section details the following forms and their requirements for Summary County Cost Reporting ONLY.

MH 1900_INFO_SUM	Information Sheet (Sample in Appendix D)
MH 1908	Supplemental State Resource Data Report final amounts for State Categorical Funds from “Final Allocation” Letter
MH 1909	Supplemental Cost Report Data by Program Category
MH 1909_SUM	Supplemental Cost Report Data by Program Category (Sample in Appendix D)
MH 1912	Supplemental Cost Report Data for Special Education Program
MH 1968_SUM	Determination of SMHS Direct Service and MAA Reimbursement (Sample in Appendix D)
MH 1979_SUM	Summary SMHS Preliminary Desk Settlement (Sample in Appendix D)
MH 1992_SUM	Summary Funding Sources (Sample in Appendix D)
MH 1994	Report of Mental Health Managed Care Allocation and Expenditures
MH 1995	Report of Mental Health Services Act (MHSA) Distribution and Expenditures
MH 1940 and Certification Page	Year End Cost Report Summary
MH 1979_1992_RECON	Form has been disabled for FY 2008-2009
MH_EPSDT	Form has been disabled for FY 2008-2009
MHINOUT	Form has been disabled for FY 2008-2009
MH 1992DETAIL	Form has been disabled for FY 2008-2009

MH 1908***Supplemental State Resource Data – Preliminary Worksheet to the MH 1909s***

The purpose of the MH 1908 Supplemental State Resource Data worksheet is to identify the final allocation amounts for each program category and to identify the prior year rollover amounts. The data entered here automatically populates the MH 1909's for each program category.

First Table – Program and Final Allocation

Enter county's allocation amount for budget category from the county's Final Allocation Worksheet.

Second Table – Program Data by Fund Sources, Final Allocation and Prior Year Rollover Allocation

The first column is "Final Allocation." This column is automatically populates based on the information in the first table.

The second column is "Prior Year Rollover Allocation." Enter any rollover allocations from FY 2007-2008 by fund source.

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
SUPPLEMENTAL STATE RESOURCE DATA
MH 1908 (11/09)**
DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2008-2009

 County: 0
 County Code: 0

PROGRAM	FINAL ALLOCATION
Community Services - Other Treatment	
Adult System of Care	
Children's Mental Health Services	
Community Services: Other Treatment for Mental Health Managed Care	\$0
<i>Managed Care Subset</i>	
Mental Health Services AB 3632	
TOTAL COMMUNITY SERVICES	\$0

PROGRAM DATA BY FUND SOURCES	FINAL ALLOCATION	PRIOR YEAR ROLLOVER ALLOCATION
4440-101-0001 (1) Community Services - Other Treatment		
4440-101-0001 Adult System of Care		
4440-101-0001 (1.5) Children's Mental Health Services		
4440-103-0001 Community Services - Other Treatment for Mental Health Managed Care	\$0	
<i>Managed Care Subset</i>		
4440-104-0001 Mental Health Services AB 3632		
TOTAL FUND SOURCES	\$0	\$0

Summary_Flow

COMMENT BOXES TO THE RIGHT OF THE SECOND TABLE

The comment box is designed to be your navigator in the process of completing the MH 1909 forms. If you enter data in the first table, the comment box will prompt and identify the form or forms for you to complete. On the second table, if you entered data on the rollover Column, you will be prompted to complete the identified MH 1909 form.

Community Services – Other Treatment:
 Cost Report FYMH 1909_CSRV
 Rollover FYMH 1909_CSRV_ROLL

Children's Mental Health Services:
 Cost Report FYMH 1909_CSOC
 Rollover FYMH 1909_CSOC_ROLL

Adult Systems of Care:
 Cost Report FYMH 1909_ASOC
 Rollover FYMH 1909_ASOC_ROLL

Mental Health Services - AB3632:
 Cost Report FYMH 1909_AB3632
 Rollover FYMH 1909_AB3632

MH 1909***Supplemental Cost Report Data by Program Category***

The objective of MH 1909 is to identify SGF allocation and expenditures for specified budget item and program category funds. A separate MH 1909 is to be prepared for each program category fund and each program category fund rolled over from the previous fiscal year. Rollover expenditures are not current year Categorical Funds Allocations and should not be included in the Funding Sources portion of MH 1940.

Lines 1, 2, 3 – County Name, FY, Submission Date

No entry. Automatically populates from MH 1900_INFO_SUM.

Lines 4 and 5 – Budget Category, Budget Item Number

No entry. The information is hard-coded to the individual worksheets.

Line 6 – SGF Allocation

No entry. Automatically populates from MH 1908, the second table and the Final Allocation Column.

Column A – LE Name

No entry. Each LE supported by appropriate Budget Program Category being reported. The LE name will be pulled from the MH 1900 Information Sheet the moment the LE number is entered.

Column B – LE Number

Enter five-digit number as assigned to LE.

Column C – Mode of Service

Enter two-digit code for appropriate Mode of Service.

Column D – Service Function

Enter two-digit code for appropriate Service Function.

Column E – Units of Service

Enter the Units of Service.

Column F – State Share of Net Cost

For each LE entry, enter the amount of allocated SGF expended on specified Budget Program Category, excluding amounts used as state match to FFP, which are included in Column G.

Column G – Medi-Cal/State Share

For each LE entry, enter the amount of SGF used as state share to the SMHS FFP generated by the specified Budget Program Category services.

Use this to map MH1940 Line 2 Column A

Column F Total	\$
Column G Total	\$
Column H Total	\$
Column I Total	\$
Column J Total	\$
Column K Total	\$

No entry. Automatically populates from the sum of Columns F and G. This amount should not exceed total SGF allocated for specified Budget Program Category on Final Allocation Worksheet.

Enter the amount of SMHS FFP (match) generated by Budget Program Category services specified in Column G **plus** additional FFP share matched by other funds in Column K. Entry on Column J must also be reported on MH 1940, Column B.

Enter expenditures above the allocated SGF used to provide identified Budget Program Category services. This column should also include non-state general funds used to match FFP. However, for Children's System of Care (CSOC/EPSDT) funds, this column can be above allocated SGF even if total allocated fund has not been expended. Please add an explanation line if above the allocated SGF amount. Other funds, such as the Individuals with Disabilities Education Act (IDEA) fund, should be reported in this column.

MH 1912***Supplemental Cost Report Data for Special Education Program (SEP)***

The objective of MH 1912 is to identify total SEP costs, regardless of funding source. The MH 1912 SEP will be used for reporting total program costs associated with the SEP mandate to the California Legislature and the California Department of Education (CDE). Additionally, for those counties submitting Senate Bill (SB) 90 Claims for this program, the MH 1912 SEP will be the supporting documentation for that claim. MH 1909 AB_3632 used to report SGF allocation for Assembly Bill (AB) 3632 should be completed in addition to documenting SEP expenditures on MH 1912

Lines 1, 2, 3 – County Name, FY, Submission Date

No entry. Automatically populates from MH 1900_INFO_SUM.

Lines 4 and 5 – Budget Category, Budget Item Number

No entry. No information required at this time.

Line 6 – SGF Allocation

No entry. No information required at this time.

Column A – LE Name

No entry. This field is automatically populated when the LE Number is identified in Column B.

Column B – LE Number

Enter the five-digit number assigned to the LE, regardless of funding source.

Column C – Mode of Service

Enter the two-digit code for the appropriate Mode of Service.

Column D – Service Function

Enter the two-digit code for the appropriate SF.

Columns E through G – Units of Service

Units of Service are for services associated with the AB 3632 SEP program, regardless of funding source. AB 3632 services are only those services on the Individualized Education Plan (IEP). Any other service provided to an AB 3632 eligible child should not be included on the MH 1912 SEP. AB 3632 services begin with the mental health assessment after referral from the Local Education Agency pursuant to the IEP. Any pre-referral services are not considered AB 3632 services and should not be reported on the MH 1912 SEP. The total units of service should match the total units of service reported to CSI and identified as being part of an IEP for SEP. For Medi-Cal LEs, the total units of service should match the SMHS approved units of service provided to SEP clients.

Column E – Medi-Cal Units of Service

Enter the Medi-Cal Units of Service for the mode and SF for AB 3632 services.

Column F – Non-Medi-Cal Units of Service

Enter the Non-Medi-Cal Units of Service for the mode and SF for AB 3632 services.

Column G – Total Units of Service

No entry. Automatically populates from the sum of Medi-Cal Units of Service (Column E) and Non-Medi-Cal Units of Service (Column F). Column G is the Total Units of Service associated with the provision of AB 3632 SEP, regardless of funding source.

Column H –Reimbursement Rate and Cost Per Unit

Enter on separate lines the reimbursement rate for Medi-Cal units used to determine FFP, and the cost per unit for Non-Medi-Cal units by mode and SF from the appropriate MH 1966, Lines 4 through 7.

Column I – Medi-Cal Costs – Total

No entry. Automatically populates from the sum of Medi-Cal Units of Service (Column E) multiplied by Cost Per Unit (Column H).

Column J – Medi-Cal Costs – FFP

Enter the Medi-Cal FFP Costs for AB 3632 services for each LE and service function by multiplying the Total Medi-Cal Costs (Column I) by the FFP sharing ratio. This automatically populates MH 1940, Line 12, Column B.

Column K – Medi-Cal Costs – County EPSDT Baseline

Enter the estimated county EPSDT baseline funds to be used as match for the FFP in Column J. This represents the amount of county EPSDT baseline funding related to AB 3632 services provided to Medi-Cal beneficiaries.

Column L – Medi-Cal Costs – EPSDT County Match for Growth

Enter the estimated EPSDT county matching funds for the growth in EPSDT State General Funds. This represents the amount of the required ten percent county match to growth in EPSDT SGF for AB 3632 services provided to Medi-Cal beneficiaries.

Column M – Medi-Cal Costs – EPSDT State General Funds

No entry. Automatically populates from Medi-Cal Costs – Total (Column I) less the sum of Medi-Cal Costs – FFP (Column J), Medi-Cal Costs – EPSDT Baseline (Column K), and Medi-Cal Costs – EPSDT County Match for Growth (Column L). This represents the amount of EPSDT SGF for AB 3632 services provided to Medi-Cal beneficiaries.

Column N – Non-Medi-Cal Costs – Total

No entry. Automatically populates from the sum of Non-Medi-Cal Units of Service (Column F) multiplied by the Cost Per Unit (Column H).

Column O – Non-Medi-Cal Costs – County Matching Funds

There is no match requirement in FY 2008-2009 for AB 3632. However, if county general funds are used to support the SEP program, enter the amount of County General Funds used. Document this in the 'Footnote' section, if this amount is included in the SB 90 claim.

Column P – Non-Medi-Cal Costs – State General Funds

Enter the amount of SGF used to support SEP Non-Medi-Cal Units of Service.

Column Q – Non-Medi-Cal Costs – Other Fund Sources

No entry. Automatically populates as the difference between the Total Non-Medi-Cal Costs (Column N) and the funding identified in Non-Medi-Cal Costs – County Matching Funds (Column O) and Non-Medi-Cal Costs – SGF (Column P). This should represent any other funds used to provide service for this program, such as County Office of Education/Special Education Local Plan Areas, realignment funds, patient fees, or any other fund source not identified in any of the other columns. A total amount for each fund source is to be provided in the 'Footnotes' section.

Column R – Total SEP Program Costs

No entry. Automatically populates as the Total Units of Service (Column G) multiplied by the Cost per Unit (Column H). This amount should also equal the sum of Total Medi-Cal Cost (Column I) and Non-Medi-Cal Cost (Column N).

California Department of Mental Health, Local Program Financial Support
CFRS – 89

MH 1994***Report of Mental Health Managed Care Allocation and Expenditures***

The purpose of this form is to allow each county LE to report expenditures for Mental Health Managed Care SGF allocation (4440-103-0001: Community Services – Other Treatment).

FY 2007-2008 Rollover – Column A:**Line 1, FY 2007-2008 SGF Mental Health Contingency Reserve**

No entry. Automatically populates from the MH 1908 Supplemental State Resource Data Work Sheet (Column E, Row 20). This amount represents Mental Health Managed Care SGF for FY 2007-2008 not spent during that fiscal year and reserved for FY 2008-2009. (This line should be the same as reported on the FY 2007-2008 Cost Report, MH 1994, Line 10.)

Line 2a, FY 2007-2008 Contingency Reserve Expenditures for Inpatient Expenditures in FY 2008-2009

Enter FY 2007-2008 Mental Health Managed Care Contingency Reserve SGF Inpatient expended during FY 2008-2009.

Line 2b, FY 2007-2008 Contingency Reserve Expenditures for Outpatient Expenditures in FY 2008-2009

Enter FY 2007-2008 Mental Health Managed Care Contingency Reserve SGF Outpatient expended during FY 2008-2009.

Line 3, SGF Mental Health Contingency Reserve

No entry. Automatically populates as result of Line 1 minus Lines 2a and 2b.

FY 2008-2009 Allocation – Column A:**Line 4, SGF Managed Care Allocation**

No entry. Automatically populates from MH 1908 Supplemental State Resource Data sheet, 4440-103-0001 “Community Services – Other Treatment.”

Line 5, SGF Mental Health Contingency Reserve Rollover Expenditures

No entry. Automatically populates entry from Line 3.

Line 6, FFS/MC Expenditures Acute Inpatient Hospital Days

Enter SGF portion of FFS/MC expenditures for Acute Psychiatric Inpatient Hospital days.

Line 7, FFS/MC Expenditures Inpatient Hospital Administrative Days

Enter SGF portion of FFS/MC expenditures for Inpatient Hospital Administrative days.

Line 8, FFS/MC Expenditures Outpatient Mental Health Services

Enter the expenditures for Managed Care SGF allocation used to match FFS/MC expended for Outpatient Mental Health Services.

Line 9, State General Fund Expenditures Other Mental Health Services

Enter the portion of FY 2008-2009 Managed Care SGF allocation used to fund Other Mental Health Services expenditures.

Line 10, State General Fund Mental Health Contingency Reserve

Enter portion of FY 2008-2009 Managed Care SGF allocation that was not expended during the FY 2008-2009 and is held as contingency reserve to be rolled over for expenditure during FY 2009-2010.

Line 11, Unexpended/Uncommitted State General Fund Balance

No entry. Automatically populates the sums of Lines 4 through 9. The amount listed on this line is the amount county has identified as unexpended during the FY 2008-2009 and does not intend to rollover into FY 2009-2010, and would be recouped by the state.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

**REPORT OF MENTAL HEALTH MANAGED CARE
ALLOCATION AND EXPENDITURES
MH 1994 (11/09)**

Fiscal Year 2008-2009

COUNTY OF: 0

COUNTY CODE: 0

DATE COMPLETED:

	A
	State General Fund
<i>FY 2007-2008 Rollover</i>	
1) FY 2007-2008 SGF Mental Health Contingency Reserve	0
Less	
2a) FY 2007-2008 Contingency Reserve Expenditures for Inpatient Hospital Services in FY 2008-2009	
Less	
2b) FY 2007-2008 Contingency Reserve Expenditures for Outpatient Mental Health Services in FY 2008-2009	
3) Total SGF Mental Health Contingency Reserve	0
<i>FY 2008-2009 Allocation</i>	
4) FY 2008-2009 SGF Managed Care Allocation	0
Plus	
5) FY 2007-2008 SGF Mental Health Contingency Reserve Rollover Expenditures (Line 3)	0
Less	
6) FY 2008-2009 FFS/MC Expenditures Acute Inpatient Hospital Days	
Less	
7) FY 2008-2009 FFS/MC Expenditures Inpatient Hospital Administrative Days	
Less	
8) FY 2008-2009 FFS/MC Expenditures Outpatient Mental Health Services	
Less	
9) Other FY 2008-2009 State General Fund Expenditures Other Mental Health Services	
Less	
10) FY 2008-2009 State General Fund Mental Health Contingency Reserve	
Total	
11) FY 2008-2009 Unexpended/Uncommitted State General Fund Balance	0

[Summary_Flow](#)

MH 1995***Report of Mental Health Services Act (MHSA) Distribution and Expenditures***

The purpose of this form is to allow each county LE to report expenditures for MHSA distribution.

Prior Years Distribution – Column A:**Line 1, Prior Years Mental Health Services Act Balance**

Enter the unexpended distribution amount balance received for the MHSA for FY 2007-2008.

Line 2, Less: Prior Years Mental Health Services Act Expenditures

No entry. (Field shaded for FY 2008-2009.)

Line 3, Prior Years Unexpended Mental Health Services Act Balance

No entry. Automatically populates as sum of Lines 1 and 2. The amount listed on this line is the amount that the county identifies as unexpended MHSA balance.

FY 2008-2009 Distribution – Column A:**Line 4, FY 2008-2009 Mental Health Services Act Distribution**

Enter the distribution amount received for the MHSA for FY 2008-2009.

Line 5, Interest Earned on Mental Health Services Act FY 2008-2009

Enter interest earned on MHSA Distribution for the FY 2008-2009.

Line 6, Plus: Prior year Mental Health Services Act Balance

No entry. Automatically populates with entry from Line 3.

Line 7, Less: FY 2008-2009 Mental Health Services Act Expenditures

Enter MHSA expenditures in FY 2008-2009.

Line 8, FY 2008-2009 Unexpended Mental Health Services Act Funding

No entry. The amount listed on this line is the amount that the county identifies as unexpended MHSA during FY 2008-2009.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF MENTAL HEALTH
REPORT OF MENTAL HEALTH SERVICES ACT (MHSA) DISTRIBUTION AND EXPENDITURES MH 1995 (11/09)		Fiscal Year 2008-2009
COUNTY OF: 0 COUNTY CODE: 0 DATE COMPLETED:		
<i>Prior Years Balance</i>		A
1)	Prior Years Mental Health Services Act Balance	
2)	Less Prior Years Mental Health Services Act Expenditures	
3)	<i>Total</i> <i>Prior Years Unexpended Mental Health Services Act Balance</i>	\$
<i>FY 2008-2009 Distribution</i>		
4)	FY 2008-2009 Mental Health Services Act Distribution	
5)	Plus: Interest Earned on Mental Health Services Act FY 2008-2009	
6)	Plus: Prior Years Unexpended Mental Health Services Act Balance (Line 3)	\$
7)	Less FY 2008-2009 Mental Health Services Act Expenditures	
8)	Total FY 2008-2009 Unexpended Mental Health Services Act Funding	\$
4) Enter current year Mental Health Services Act Distribution. 5) Enter Interest Earned on Mental Health Services Act Distribution. 6) No entry, this line is picked up from line 3 above. 7) Enter the amount of Mental Health Services Act expenditures for the current year. 8) Unexpended Mental Health Services Act to be used for future periods.		
<div style="border: 1px solid black; display: inline-block; padding: 5px 20px; background-color: #e0e0e0;"> Summary_Flow </div>		

MH 1940***Year End Cost Report***

The purpose of this form is to allow each county's local mental health agency to report countywide mental health expenditures and revenues. This form is a summary of cost reports from all LEs within the county, and information reported is certified by the county's local mental health director and county's auditor-controller as being true and correct. Information on this form is considered local mental health agency's claim for reimbursement and serves as the basis for year-end cost settlement with DMH.

Note: an original signed MH1940 certification and a paper submission requires one copy of the cost report (summary and county detail only) mailed to DMH within ten days of the upload date to validate the submission through ITWS. **MH 1940s without the appropriate signatures will be considered incomplete.**

Line 1, Column A

No entry. Automatically populates total mental health expenditures and revenues except Medi-Cal, i.e., MH 1992, Column J, Line 3, minus sum of: (a) FFP (MH 1979, Column J, Line 23 plus Line 27); (b) match for FFP (calculated from MH 1979); and, (c) MH 1968, Columns E and K, Lines 28_1; 28_2; 28_3, 29, 30, and 31, for all LEs.

Line 1, Column B

No entry. Automatically populates total Medi-Cal related dollars, i.e., sum of: (a) FFP (MH 1979, Column J, Line 23 plus Line 27); (b) match for FFP (calculated from MH 1979); and, (c) MH 1968, Columns E and K, Lines 28_1; 28_2; 28_3, 29, 30, and 31, for all LEs.

Line 1, Column C

No entry. Automatically populates with sum of Columns A and B, Line 1. This amount should equal total of MH 1992, Line 3, for all LEs.

Line 2, Column A

No entry. Automatically populates all funding sources except SMHS (FFP and State Match), SMHS-related patient and other payor revenues, and SGF (State and County share and Mental Health Managed Care) for all LEs, plus any categorical funds used as a match for FFP, i.e., MH 1992, Column J, Line 3 minus Lines 11, 12, 15, 16, and 17 minus match for FFP, calculated on the MH 1979 box (located in the lower right-hand corner), minus MH 1968, Columns E and K, Lines 28_1; 28_2; 28_3, 29, 30, and 31, all LEs, plus amount on MH 1909, Column G, Line 8.

NOTE: If categorical funds (e.g., SEP) were used as a match for FFP amount reflected on MH 1909, Column G, Line 8, is added as part of the calculation for this line.

Line 2, Column B

No entry. Automatically populates match for FFP plus patient and other payor revenues, i.e., sum of: (a) match for FFP calculated from MH 1979 (shown on list of Information worksheet), and (b) MH 1968, Columns E and K, Lines 28_1; 28_2; 28_3, 29, 30, and 31, for all LEs.

Line 2, Column C

No entry. Automatically populates as sum of Columns A and B, Line 2.

Line 3, Column A

No entry. Automatically populates by Subtracting Column A, Line 2 from Column A, Line 1.

Line 3, Column B

No entry. Automatically populates by subtracting Column B, Line 2, from Column B, Line 1.

Line 3, Column C

No entry. Automatically populates as sum of Columns A and B, Line 3, or subtraction of Column C, Line 2, from Column C, Line 1.

Line 4, Column A

No entry. Automatically populates with county share from MH 1909 Summary.

Line 4, Column C

No entry. Automatically populates with entry in Column A, Line 4.

Line 5, Column A

No entry. Automatically populates by subtracting Column A, Line 4, from Column A, Line 3.

Line 5, Column B

No entry. Automatically populates from Column B, Line 3. This amount should equal MH 1992, Column J, Line 11 and 12, for all LEs.

Line 5, Column C

No entry. Automatically populates by Subtracting Column C, Line 4, from Column C, Line 3, or sum of Columns A and B, Line 5.

Line 6, Column A

No entry. Automatically populates from MH 1909 Summary - SGF used as FFP match.

Line 6, Column C

No entry. Automatically populates from Column A, Line 6.

Line 7, Column A

No entry. Automatically populates as sum of Column A, Line 5 plus Line 6.

Line 7, Column B

No entry. Automatically populates from Column B, Line 5. Amount should equal MH 1992, Column J, Lines 11 and 12, for all LEs.

Line 7, Column C

No entry. Automatically populates as sum of Columns A and B, Line 7 or Column C, Line 5 plus Line 6.

NOTE – Instructions for Lines 9 through 13: Source documents for these figures are FY 2008-2009 Final Allocation Worksheet; MH 1909 Funding Source Summary; MH 1994 Report of Mental Health Managed Care Allocation and Expenditures for FY 2008-2009.

Line 8, Column A

No entry.

Line 8, Column B

Enter other FFP funds not matched by SGF identified in Lines 9 through 12, Column A.

Lines 8 through 16, Column C

No entry. Automatically populates as sum of Columns A and B.

Lines 9 through 11, Column A

No entry. Automatically populates total SGF expended for each funding source up to the allocated amount from Column H, Line 8.

Lines 9 through 12, Column B

No entry. For each identified Budget Act Line Item Program expenditure (Lines 9 through 12), total FFP matched in part by the SGF in Column A automatically populates the appropriate Column cell from MH 1909. The FFP difference between total FFP in Line 7, Column B, and the aggregate of Lines 9 through 12 is entered in Line 8, Other Funds.

Line 12, Column A

No entry.

Line 13, Column A

No entry. Automatically populates amount of FY 2008-2009 Community Services – Managed Care allocation spent on “Outpatient Mental Health Services” from MH 1994, Column A, Line 8.

Line 13, Column B

Justification is required for entry on this line.

Line 14, Column A

No entry. Amount must equal Column A, Line 7.

Line 14, Column B

No entry. Amount must equal Column B, Line 7.

Line 15, Columns A and C

No entry. Automatically populates FY 2008-2009 Community Services – Other Treatment (Managed Care) allocation spent on FFS/MC Hospital Inpatient Services (i.e., MH 1994, Column A, sum of Lines 6 and 7).

Line 16, Columns A and C

No entry. Automatically populates FY 2008-2009 EPSDT SMHS – State Share estimate from MH 1992, Column J, Line 19, for all LEs.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 YEAR-END COST REPORT
 MH 1940 (11/09)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2008-2009

COUNTY OF: 0

COUNTY CODE: 0

ADDRESS: 0

0

0

PREPARED BY: 0

PHONE: 0

Date Completed:

FISCAL YEAR ENDING

JUNE 30, 2009

NOTE: AMOUNTS SHOULD BE WHOLE DOLLARS	A	B	C
	STATE GENERAL FUND	M/C & HF/FED SHARE	TOTAL
1. TOTAL EXPENDITURE	\$ 0	\$ 0	\$ 0
2. LESS: REVENUE	(0)	(0)	(0)
3. SUBTOTAL	0	0	0
4. LESS: COUNTY SHARE (PER MH 1909)	(0)		(0)
5. SUBTOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	0	0	0
6. PLUS: SGF USED AS FFP MATCH (INCLUDED IN LINE 2, COL.2)	0		0
7. TOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	\$ 0	\$ 0	\$ 0
FUNDING SOURCES: 4440-			
8. OTHER FUNDS	0	0	\$ 0
9. 101-0001 (1) COMMUNITY SERVICES - OTHER TREATMENT	0	0	\$ 0
10. 101-0001 ADULT SYSTEM OF CARE	0	0	0
11. 101-0001 (1.5) CHILDREN'S MENTAL HEALTH SERVICES	0	0	0
12. 104-0001 MENTAL HEALTH SERVICES AB 3632	0	0	0
13. 103-0001 COMMUNITY SERVICES - OUTPATIENT FOR MENTAL HEALTH MANAGED CARE	0	0	0
14. GRAND TOTAL, ALL SOURCES (Must Agree with Line 7)	\$ 0	\$ 0	\$ 0
15. 103-0001 COMMUNITY SERVICES - INPATIENT FOR MENTAL HEALTH MANAGED CARE	\$ 0		\$ 0
16. EPSDT SD/MC - STATE SHARE ESTIMATE	\$ 0		\$ 0

OK

OK

Summary_Flow

OK

OK

OK

County Certification – MH 1940 Page 2

MH 1940 page 2 certification copy must be signed by the authorized County staff and received by the state ten days after year-end cost report submission to be considered “submitted”. The County is certifying to maintaining detail documentations of cost incurred and payment received from both the state and federal governments. The certification acknowledges that county paid for non-federal share of the costs before submitting invoices for federal reimbursements, and that other federal grants were not used to meet Medicaid program matching requirements.

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
YEAR-END COST REPORT
MH 1940 (11/09)**

**DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2008-2009**

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services and the Mental Health Services Act (MHSA) in and for said claimant; that I have not violated any of the provisions of Section 1090 et. seq. of the Government Code and that all information submitted to the Department of Mental Health (DMH) is accurate and complete. With respect to MHSA funding, I certify that the County is in compliance with California Code of Regulations, Title 9, Division 1, Chapter 14, Article 4, Section 3410, Non-Supplant and Article 5, Section 3500, Non-Supplant Certification and Reports; that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5, Section 5891 of the Welfare and Institutions Code (W&I Code). The County understands that any payment to the County resulting from this report will be paid with state and federal funds and that any falsification or concealment of material fact may be prosecuted under federal and/or state laws. I further certify that, to the best of my knowledge and belief, the information in this report is in all respects true, correct, and in accordance with the state and federal

Date: _____

Signature: _____
Local Mental Health Director

Executed at: _____, California

I CERTIFY under penalty of perjury that I am the duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts. I understand that misrepresentation of any information provided herein constitutes a violation of state and federal law. I further certify that this report is based on actual, total expenditures as necessary for claiming Federal Financial Participation pursuant to all applicable requirements of state and federal law including but not limited to Sections 430.30 and 433.51 of Title 42 Code of Federal Regulations (CFR). I understand that DMH may deny any payment if it determines that the certification is not adequately supported for purposes of claiming federal financial participation. I understand that all records of funds included in this report are subject to review and audit pursuant to Section 433.32, Title 42, CFR, by DMH, the Department of Health Care Services and/or the federal government and must be kept for a minimum of three years after the final payment is made and retained beyond the three-year period if audit findings have not been resolved.

Date: _____

Signature: _____
Title: _____
(County Auditor-Controller or City Finance Officer)

Executed at: _____, California

Date Uploaded: _____

Upload ID: _____

Upload File Name: _____

APPENDIX A

Sample Detail Cost Report (County LE)

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT
 INFORMATION SHEET
 MH1900_INFO (Rev. 11/09)

FISCAL YEAR 2008 - 2009

SECTION I: ALL LEGAL ENTITIES:*All Legal Entities are to complete Section I.*

Name of Preparer:	Testor
Date:	12/31/2009
Legal Entity Name:	Test County MH Services
Legal Entity Number:	00099
County:	Test County
County Code:	99
Is this a County Legal Entity Report? (Y or N)	Yes ▼
Are you reporting SD/MC? (Y or N)	Yes ▼

[HOME](#)[MH1901_Schedule_A >>](#)**SECTION II: COUNTY LEGAL ENTITY ONLY:***Only County Legal Entities are to Complete Section II.*

Address:	1600 9th Street
	Sacramento CA 95816
Phone Number:	916-999-9999
County Population: Over 125,000? (Y or N):	Yes ▼

*Contract Provider Medi-Cal Direct Service Gross Reimbursement
 (Used to populate MH1979 Line 2)*

Inpatient Services	
Outpatient Services	\$ 2,887,888

*Contract Provider Healthy Families Direct Service Gross
 Reimbursement (Used to populate MH1979 Line 7)*

Inpatient Services	
Outpatient Services	

Total State Share of SD/MC Cost:	\$ 471,489
----------------------------------	------------

*Fee For Service - Mental Health Specialty
 Provider Numbers For Individual and Group*

Mode&SF -->

Legal Entity Number (FFS):	
Psychiatrist:	
Psychologist:	
Mixed Specialty Group:	
RN:	
LCSW:	
MFCC (MFT):	

*Adjust Medi-Cal FFP Due to Contract Limitation
 (Used to populate MH1979 Line 22J)*

Mode 05 - Hospital Inpatient Services	
Mode 05 - Other 24 Hour Services	
Mode 10 - Day Services	
Mode 15 - Outpatient Services	
Contract Limitation Adjustment Total	\$ -

[HOME](#)[MH1901_Schedule_A_1 >>](#)

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES

MH 1901 SCHEDULE A_1 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: Test County MH ServicesEntity Number: 00099Fiscal Year: 2008 - 2009

07/01/08 - 12/31/08

		A	B	C	D	E	F	G
	SERVICE FUNCTION	MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
	A. 24 - HOUR SERVICES							
1	Hospital Inpatient	05	10 - 18	\$1,084.24	\$1,000.00	\$1,200.00		\$1,000.00
2	Hospital Administrative Day	05	19	\$348.45				\$0.00
3	Psychiatric Health Facility (PHF)	05	20 - 29	\$570.91				\$0.00
4	SNF Intensive	05	30 - 34					\$0.00
5	IMD Basic (No Patch)	05	35					\$0.00
6	IMD (With Patch)	05	36 - 39					\$0.00
7	Adult Crisis Residential	05	40 - 49	\$321.94				\$0.00
8	Jail Inpatient	05	50 - 59					\$0.00
9	Residential Other	05	60 - 64					\$0.00
10	Adult Residential	05	65 - 79	\$157.03				\$0.00
11	Semi - Supervised Living	05	80 - 84					\$0.00
12	Independent Living	05	85 - 89					\$0.00
13	MH Rehab Centers	05	90 - 94					\$0.00
	B. DAY SERVICES							
14	Crisis Stabilization Emergency Room	10	20 - 24	\$94.54		\$92.00		\$0.00
15	Urgent Care	10	25 - 29	\$94.54				\$0.00
16	Vocational Services	10	30 - 39					\$0.00
17	Socialization	10	40 - 49					\$0.00
18	SNF Augmentation	10	60 - 69					\$0.00
19	Day Treatment Intensive Half Day	10	81 - 84	\$144.13				\$0.00
20	Full Day	10	85 - 89	\$202.43				\$0.00
21	Day Rehabilitation Half Day	10	91 - 94	\$84.08				\$0.00
22	Full Day	10	95 - 99	\$131.24				\$0.00
	C. OUTPATIENT SERVICES							
23	Case Management, Brokerage	15	01 - 09	\$2.02		\$1.89		\$0.00
24	Mental Health Services	15	10 - 19	\$2.61		\$2.25		\$0.00
25	Mental Health Services	15	30 - 59	\$2.61		\$2.25		\$0.00
26	Medication Support	15	60 - 69	\$4.82				\$0.00
27	Crisis Intervention	15	70 - 79	\$3.88				\$0.00
	D. OUTREACH SERVICES							
28	Mental Health Promotion	45	10 - 19					\$0.00
29	Community Client Services	45	20 - 29					\$0.00
	E. MEDI-CAL ADMINISTRATIVE ACTIVITIES				MEDI-CAL ELIGIBILITY FACTOR			
30	Medi-Cal Outreach	55	01 - 03					
31	Medi-Cal Eligibility Intake	55	04 - 06		Quarter 1			
32	Medi-Cal Contract Administration	55	07 - 08		Quarter 2			
33	MAA Coordination and Claims Administration	55	09		Quarter 3			
34	Referral - Crisis, Non-Open Case	55	11 - 13		Quarter 4			
35	MH Services Contract Administration	55	14 - 16		Average			
36	Discounted Mental Health Outreach	55	17 - 19					
37	SPMP Case Management, Non-Open Case	55	21 - 23					
38	SPMP Program Planning and Development	55	24 - 26					
39	SPMP MAA Training	55	27 - 29					
40	Non-SPMP Case Management, Non-Open Case	55	31 - 34					
41	Non-SPMP Program Planning and Development	55	35 - 39					
	F. SUPPORT SERVICES							
42	Conservatorship Investigation	60	20 - 29					\$0.00
43	Administration	60	30 - 39					\$0.00
44	Life Support/Board & Care	60	40 - 49					\$0.00
45	Case Management Support	60	60 - 69					\$0.00
46	Client Housing Support Expenditures	60	70					\$0.00
47	Client Housing Operating Expenditures	60	71					\$0.00
48	Client Flexible Support Expenditures	60	72					\$0.00
49	Non Medi-Cal Capital Assets	60	75					\$0.00
50	Other Non Medi-Cal Client Support Expenditures	60	78					\$0.00

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MH1901_Schedule_A_2 >>

MH1901_Schedule_B_1 >>

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES

MH 1901 SCHEDULE A_2 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: Test County MH ServicesEntity Number: 00099Fiscal Year: 2008 - 2009

01/01/09 - 06/30/09

		A	B	C	D	E	F	G
	SERVICE FUNCTION	MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
	A. 24 - HOUR SERVICES							
1	Hospital Inpatient	05	10 - 18	\$1,084.24		\$1,200.00		
2	Hospital Administrative Day	05	19	\$348.45				\$0.00
3	Psychiatric Health Facility (PHF)	05	20 - 29	\$570.91				\$0.00
4	SNF Intensive	05	30 - 34					\$0.00
5	IMD Basic (No Patch)	05	35					\$0.00
6	IMD (With Patch)	05	36 - 39					\$0.00
7	Adult Crisis Residential	05	40 - 49	\$321.94				\$0.00
8	Jail Inpatient	05	50 - 59					\$0.00
9	Residential Other	05	60 - 64					\$0.00
10	Adult Residential	05	65 - 79	\$157.03				\$0.00
11	Semi - Supervised Living	05	80 - 84					\$0.00
12	Independent Living	05	85 - 89					\$0.00
13	MH Rehab Centers	05	90 - 94					\$0.00
	B. DAY SERVICES							
14	Crisis Stabilization Emergency Room	10	20 - 24	\$94.54		\$92.00		\$0.00
15	Urgent Care	10	25 - 29	\$94.54				\$0.00
16	Vocational Services	10	30 - 39					\$0.00
17	Socialization	10	40 - 49					\$0.00
18	SNF Augmentation	10	60 - 69					\$0.00
19	Day Treatment Intensive Half Day	10	81 - 84	\$144.13				\$0.00
20	Full Day	10	85 - 89	\$202.43				\$0.00
21	Day Rehabilitation Half Day	10	91 - 94	\$84.08				\$0.00
22	Full Day	10	95 - 99	\$131.24				\$0.00
	C. OUTPATIENT SERVICES							
23	Case Management, Brokerage	15	01 - 09	\$2.02		\$1.89		\$0.00
24	Mental Health Services	15	10 - 19	\$2.61		\$2.25		\$0.00
25	Mental Health Services	15	30 - 59	\$2.61		\$2.25		\$0.00
26	Medication Support	15	60 - 69	\$4.82				\$0.00
27	Crisis Intervention	15	70 - 79	\$3.88				\$0.00
	D. OUTREACH SERVICES							
28	Mental Health Promotion	45	10 - 19					\$0.00
29	Community Client Services	45	20 - 29					\$0.00
	E. MEDI-CAL ADMINISTRATIVE ACTIVITIES							
30	Medi-Cal Outreach	55	01 - 03		MEDI-CAL ELIGIBILITY FACTOR			
31	Medi-Cal Eligibility Intake	55	04 - 06		Quarter 1			
32	Medi-Cal Contract Administration	55	07 - 08		Quarter 2			
33	MAA Coordination and Claims Administration	55	09		Quarter 3			
34	Referral - Crisis, Non-Open Case	55	11 - 13		Quarter 4			
35	MH Services Contract Administration	55	14 - 16		Average			
36	Discounted Mental Health Outreach	55	17 - 19					
37	SPMP Case Management, Non-Open Case	55	21 - 23					
38	SPMP Program Planning and Development	55	24 - 26					
39	SPMP MAA Training	55	27 - 29					
40	Non-SPMP Case Management, Non-Open Case	55	31 - 34					
41	Non-SPMP Program Planning and Development	55	35 - 39					
	F. SUPPORT SERVICES							
42	Conservatorship Investigation	60	20 - 29					\$0.00
43	Administration	60	30 - 39					\$0.00
44	Life Support/Board & Care	60	40 - 49					\$0.00
45	Case Management Support	60	60 - 69					\$0.00
46	Client Housing Support Expenditures	60	70					\$0.00
47	Client Housing Operating Expenditures	60	71					\$0.00
48	Client Flexible Support Expenditures	60	72					\$0.00
49	Non Medi-Cal Capital Assets	60	75					\$0.00
50	Other Non Medi-Cal Client Support Expenditures	60	78					\$0.00

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<< MH1900_INFO

<< MH1901_Schedule_A_1

MH1901_Schedule_B_1 >>

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B_1 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: Test County MH ServicesEntity Number: 00099Fiscal Year: 2008 - 2009**07/01/08 09/30/08**

Settlement Types	CR - Cost Reimbursement	MAA - Medi-Cal Administrative Activities
	NR - Negotiated Rate	MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
					SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		
	Settlement Type	Mode	SF	Total Units of Service	Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	Revenue	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	Non Medi-Cal Units
1	NR	05	10	350	150	150										200
2	CR	10	20	300	150	150	60	60	\$ 1,500	50						40
3	CR	15	01	1,000	500	500								100		400
4	CR	15	10	1,500	750	750										750
5	CR	15	30	800												800
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																
83																
84																
Totals				3,950	1,550	1,550	60	60	\$ 1,500	50				100		2,190

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ADJUSTMENTS TO
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OTHER COSTS

MH1963 >>
PAYMENT TO
CONTRACT PROVIDERS

MH1960 >>
CALCULATION OF
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State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B_2 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: Test County MH Services

Entity Number: 00099

Fiscal Year: 2008 - 2009

10/01/08 - 12/31/08

Settlement Types	CR - Cost Reimbursement	MAA - Medi-Cal Administrative Activities
	NR - Negotiated Rate	MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
				SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		
Settlement Type	Mode	SF	Total Units of Service	Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	REVENUE	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	Non Medi-Cal Units
1	NR	05	10	500	100	100									400
2	CR	10	20	1,500	1,200	1,200									300
3	CR	15	01	2,000	1,500	1,500									500
4	CR	15	10	200	50	50									150
5	CR	15	30	500	250	250							100		150
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
83															
84															
Totals				4,700	3,100	3,100							100		1,500

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State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B_3 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: Test County MH ServicesEntity Number: 00099Fiscal Year: 2008 - 2009**01/01/09 - 06/30/09**

Settlement Types	CR - Cost Reimbursement	MAA - Medi-Cal Administrative Activities
		MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
				SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		
Settlement Type	Mode	SF	Total Units of Service	Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	REVENUE	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	Non Medi-Cal Units
1	CR	05	10	50	25	25									25
2	CR	10	20	200	200	200									
3	CR	15	01	4,000	2,000	2,000									2,000
4	CR	15	10	2,000	100	100									1,900
5	CR	15	30	1,500	1,500	1,500									
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
83															
84															
Totals				7,750	3,825	3,825									3,925

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State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

**SUPPORTING DOCUMENTATION FOR THE METHOD USED TO ALLOCATE
TOTALS TO MODE OF SERVICE & SERVICE FUNCTION**

MH 1901 SCHEDULE C (Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: Test County MH ServicesEntity Number: 00099Fiscal Year: 2008 - 2009

Allocation	
<input type="radio"/> Rate for Allocation	<input type="radio"/> SMA Rate
<input type="radio"/> Published Charges	<input checked="" type="radio"/> Directly Allocated

COSTS TO BE ALLOCATED

Allowable Mode Costs (MH1960 Line 18, Col. C)	3,458,330
--	------------------

	A	B	C	D	E	F	G	H	I
	Settlement Type	Mode	SF	Total Units	Eligible Direct Cost	Allocation Basis Directly Allocated Data	Relative Value	Allocation %	Allocated Cost
1.1	NR	05	10	350		150,000			150,000
1.2	NR	05	10	500		650,000			650,000
1.3	CR	05	10	50		7,580			7,580
2.1	CR	10	20	300		10,000			10,000
2.2	CR	10	20	1,500		500,000			500,000
2.3	CR	10	20	200		9,750			9,750
3.1	CR	15	01	1,000		20,000			20,000
3.2	CR	15	01	2,000		40,000			40,000
3.3	CR	15	01	4,000		80,000			80,000
4.1	CR	15	10	1,500		60,000			60,000
4.2	CR	15	10	200		6,000			6,000
4.3	CR	15	10	2,000		75,000			75,000
5.1	CR	15	30	800		200,000			200,000
5.2	CR	15	30	500		150,000			150,000
5.3	CR	15	30	1,500		1,500,000			1,500,000
6.1				-					
6.2				-					
6.3				-					
7.1				-					
7.2				-					
7.3				-					
84.1				-					
84.2				-					
84.3				-					
Totals				16,400		3,458,330	-	0%	3,458,330

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Summary

Mode	Allocated Cost	Allocated %	Settlement Type	Allocated Cost
5 10-19	807,580	23.35%	TBS	
5 Other		0.00%	ASO	
10	519,750	15.03%	MHS	
15 Program_1	2,131,000	61.62%		
45		0.00%	Total	
55		0.00%		
60		0.00%		
Total	3,458,330	100.00%		

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

CALCULATION OF PROGRAM COSTS

MH 1960 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: Test County
 County Code: 99

Legal Entity: Test County MH Services		A	B	C
Legal Entity Number: 00099		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	12,650,000	450,000	13,100,000
2	Encumbrances		16,000	16,000
3	Less: Payments to Contract Providers (County Only)		(77,000)	(77,000)
4	Other Adjustments from MH 1962	900,000	1,300,000	2,200,000
5	Total Costs Before Medi-Cal Adjustments	13,550,000	1,689,000	15,239,000
6	Medi-Cal Adjustments from MH 1961		(295,000)	(295,000)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			14,944,000
Administrative Costs (County Only)				
9	SD/MC Administration			10,778,870
10	Healthy Families Administration			560,000
11	Non-SD/MC Administration			
12	Total Administrative Costs			11,338,870
Utilization Review Costs (County Only)				
13	Skilled Professional Medical Personnel			146,800
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			146,800
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			3,458,330
19	Total Costs - Lines 9 through 18			14,944,000

Crosscheck
 3,458,330 OK
 14,944,000 OK

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State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

MEDI-CAL ADJUSTMENTS TO COSTS

MH 1961 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: Test County
 County Code: 99

Legal Entity: Test County MH Services		A	B	C
Legal Entity Number: 00099		Salaries and Benefits	Other	Total Adjustments
1	Depreciation Adjustment		(270,000)	(270,000)
2	Non SD/MC Reimbursable		(25,000)	(25,000)
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		(295,000)	(295,000)

Crosscheck
 -295,000 **OK**

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State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

OTHER ADJUSTMENTS

MH 1962 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: Test County
 County Code: 99

Legal Entity: Test County MH Services		A	B	C
Legal Entity Number: 00099		Salaries and Benefits	Other	Total Adjustments
1	Drug and Alcohol	150,000	50,000	200,000
2	Year End Adjustment	750,000	1,250,000	2,000,000
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments	900,000	1,300,000	2,200,000

Crosscheck
 2,200,000 **OK**

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State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

PAYMENTS TO CONTRACT PROVIDERS

MH 1963 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: Test County
County Code: 99

A	B	C	D
Item	Legal Entity Name	Legal Entity Number	Amount Paid
1	Provider 1	00001	35,000
2	Provider 2	00002	42,000
3			
4			
5			
####			
####			
	Total Payments to Contract Providers		77,000

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State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO MODES OF SERVICE

MH 1964 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: Test County
County Code: 99

Legal Entity: Test County MH Services		A
Legal Entity Number: 00099		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	3,458,330
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	807,580
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	519,750
5	Outpatient Services (Mode 15 Program 1 + Program 2)	2,131,000
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	3,458,330

Crosscheck
OK

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State of California Health and Human Services Agency
DETAIL COST REPORT
ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL
 MH 1966 (Rev. 11/09)

Department of Mental Health

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 FISCAL YEAR 2008 - 2009

County: Test County County Code: 99 Legal Entity: Test County MH Services Legal Entity Number: 00099 Mode: 15 - Outpatient Services (Program 1)			A	CR B Service Function	CR C Service Function	CR D Service Function	CR E Service Function	CR F Service Function	CR G Service Function	CR H Service Function	CR I Service Function
Mode Total				01	01	01	10	10	10	30	30
1	Allocation Percentage		100.00%	0.94%	1.88%	3.75%	2.82%	0.28%	3.52%	9.39%	7.04%
2	Total Units			1,000	2,000	4,000	1,500	200	2,000	800	500
3	Gross Cost		2,131,000	20,000	40,000	80,000	60,000	6,000	75,000	200,000	150,000
4	Cost per Unit			20.00	20.00	20.00	40.00	30.00	37.50	250.00	300.00
5	SMA per Unit			2.02	2.02	2.02	2.61	2.61	2.61	2.61	2.61
6	Published Charge per Unit			1.89	1.89	1.89	2.25	2.25	2.25	2.25	2.25
7	Negotiated Rate / Cost per Unit										
8 1	Medi-Cal Units	07/01/08 - 09/30/08		500			750				
8 2		10/01/08 - 12/31/08			1,500			50			250
8 3		01/01/09 - 06/30/09				2,000			100		
9 1	Medicare/Medi-Cal Crossover Units	07/01/08 - 09/30/08									
9 2		10/01/08 - 12/31/08									
9 3		01/01/09 - 06/30/09									
10 1	Enhanced SD/MC (Children) Units	07/01/08 - 09/30/08									
10 2		10/01/08 - 12/31/08									
10 3		01/01/09 - 06/30/09									
11 1	Enhanced SD/MC (Refugees) Units	07/01/08 - 09/30/08		100							
11 2		10/01/08 - 12/31/08									100
11 3		01/01/09 - 06/30/09									
12	Non-Medi-Cal Units			400	500	2,000	750	150	1,900	800	150
13 1	Medi-Cal Costs	07/01/08 - 09/30/08	40,000	10,000			30,000				
13 2		10/01/08 - 12/31/08	106,500		30,000			1,500			75,000
13 3		01/01/09 - 06/30/09	1,543,750			40,000			3,750		
14 1	Medi-Cal SMA Upper Limits	07/01/08 - 09/30/08	2,968	1,010			1,958				
14 2		10/01/08 - 12/31/08	3,813		3,030			131			653
14 3		01/01/09 - 06/30/09	8,216			4,040			261		
15 1	Medi-Cal Published Charges	07/01/08 - 09/30/08	2,633	945			1,688				
15 2		10/01/08 - 12/31/08	3,510		2,835			113			563
15 3		01/01/09 - 06/30/09	7,380			3,780			225		
16 1	Medi-Cal Negotiated Rates	07/01/08 - 09/30/08									
16 2		10/01/08 - 12/31/08									
16 3		01/01/09 - 06/30/09									
17 1	Medicare/Medi-Cal Crossover Costs	07/01/08 - 09/30/08									
17 2		10/01/08 - 12/31/08									
17 3		01/01/09 - 06/30/09									
18 1	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/08 - 09/30/08									
18 2		10/01/08 - 12/31/08									
18 3		01/01/09 - 06/30/09									
19 1	Medicare/Medi-Cal Crossover Published Charges	07/01/08 - 09/30/08									
19 2		10/01/08 - 12/31/08									
19 3		01/01/09 - 06/30/09									
20 1	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/08 - 09/30/08									
20 2		10/01/08 - 12/31/08									
20 3		01/01/09 - 06/30/09									
21 1	Enhanced SD/MC (Children) Costs	07/01/08 - 09/30/08									
21 2		10/01/08 - 12/31/08									
21 3		01/01/09 - 06/30/09									
22 1	Enhanced SD/MC (Children) SMA Upper Limits	07/01/08 - 09/30/08									
22 2		10/01/08 - 12/31/08									
22 3		01/01/09 - 06/30/09									
23 1	Enhanced SD/MC (Children) Published Charges	07/01/08 - 09/30/08									
23 2		10/01/08 - 12/31/08									
23 3		01/01/09 - 06/30/09									
24 1	Enhanced SD/MC (Children) Negotiated Rates	07/01/08 - 09/30/08									
24 2		10/01/08 - 12/31/08									
24 3		01/01/09 - 06/30/09									
25	Enhanced SD/MC (Refugees) Costs	07/01/08 - 06/30/09									
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/08 - 06/30/09									
27	Enhanced SD/MC (Refugees) Published Charges	07/01/08 - 06/30/09									
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/08 - 06/30/09									
29 1	Healthy Families Costs	07/01/08 - 09/30/08	2,000	2,000							
29 2		10/01/08 - 12/31/08	30,000								30,000
29 3		01/01/09 - 06/30/09									
30 1	Healthy Families SMA Upper Limits	07/01/08 - 09/30/08	202	202							
30 2		10/01/08 - 12/31/08	261								261
30 3		01/01/09 - 06/30/09									
31 1	Healthy Families Published Charges	07/01/08 - 09/30/08	189	189							
31 2		10/01/08 - 12/31/08	225								225
31 3		01/01/09 - 06/30/09									
32 1	Healthy Families Negotiated Rates	07/01/08 - 09/30/08									
32 2		10/01/08 - 12/31/08									
32 3		01/01/09 - 06/30/09									
33	Non-Medi-Cal Costs		408,750	8,000	10,000	40,000	30,000	4,500	71,250	200,000	45,000

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT
ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL
 MH 1966 (Rev. 11/09)

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 FISCAL YEAR 2008 - 2009

County: Test County County Code: 99			NR	NR	CR			
Legal Entity: Test County MH Services			A	B	C	D	E	F
Legal Entity Number: 00099				Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 05 - Hospital Inpatient Services (SFC 10-19)			Mode Total	10	10	10		
1	Allocation Percentage		100.00%	18.57%	80.49%	0.94%		
2	Total Units			350	500	50		
3	Gross Cost		807,580	150,000	650,000	7,580		
4	Cost per Unit			428.57	1,300.00	151.60		
5	SMA per Unit			1,084.24	1,084.24	1,084.24		
6	Published Charge per Unit			1,200.00	1,200.00	1,200.00		
7	Negotiated Rate / Cost per Unit			1,000.00	1,000.00	151.60		
8 1	Medi-Cal Units	07/01/08 - 09/30/08		150				
8 2		10/01/08 - 12/31/08			100			
8 3		01/01/09 - 06/30/09				25		
9 1	Medicare/Medi-Cal Crossover Units	07/01/08 - 09/30/08						
9 2		10/01/08 - 12/31/08						
9 3		01/01/09 - 06/30/09						
10 1	Enhanced SD/MC (Children) Units	07/01/08 - 09/30/08						
10 2		10/01/08 - 12/31/08						
10 3		01/01/09 - 06/30/09						
11	Enhanced SD/MC (Refugees) Units	07/01/08 - 06/30/09						
11 1		07/01/08 - 09/30/08						
11 2		10/01/08 - 12/31/08						
11 3	01/01/09 - 06/30/09							
12	Non-Medi-Cal Units			200	400	25		
13 1	Medi-Cal Costs	07/01/08 - 09/30/08	64,286	64,286				
13 2		10/01/08 - 12/31/08	130,000		130,000			
13 3		01/01/09 - 06/30/09	3,790			3,790		
14 1	Medi-Cal SMA Upper Limits	07/01/08 - 09/30/08	162,636	162,636				
14 2		10/01/08 - 12/31/08	108,424		108,424			
14 3		01/01/09 - 06/30/09	27,106			27,106		
15 1	Medi-Cal Published Charges	07/01/08 - 09/30/08	180,000	180,000				
15 2		10/01/08 - 12/31/08	120,000		120,000			
15 3		01/01/09 - 06/30/09	30,000			30,000		
16 1	Medi-Cal Negotiated Rates	07/01/08 - 09/30/08	150,000	150,000				
16 2		10/01/08 - 12/31/08	100,000		100,000			
16 3		01/01/09 - 06/30/09	3,790			3,790		
17 1	Medicare/Medi-Cal Crossover Costs	07/01/08 - 09/30/08						
17 2		10/01/08 - 12/31/08						
17 3		01/01/09 - 06/30/09						
18 1	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/08 - 09/30/08						
18 2		10/01/08 - 12/31/08						
18 3		01/01/09 - 06/30/09						
19 1	Medicare/Medi-Cal Crossover Published Charges	07/01/08 - 09/30/08						
19 2		10/01/08 - 12/31/08						
19 3		01/01/09 - 06/30/09						
20 1	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/08 - 09/30/08						
20 2		10/01/08 - 12/31/08						
20 3		01/01/09 - 06/30/09						
21 1	Enhanced SD/MC (Children) Costs	07/01/08 - 09/30/08						
21 2		10/01/08 - 12/31/08						
21 3		01/01/09 - 06/30/09						
22 1	Enhanced SD/MC (Children) SMA Upper Limits	07/01/08 - 09/30/08						
22 2		10/01/08 - 12/31/08						
22 3		01/01/09 - 06/30/09						
23 1	Enhanced SD/MC (Children) Published Charges	07/01/08 - 09/30/08						
23 2		10/01/08 - 12/31/08						
23 3		01/01/09 - 06/30/09						
24 1	Enhanced SD/MC (Children) Negotiated Rates	07/01/08 - 09/30/08						
24 2		10/01/08 - 12/31/08						
24 3		01/01/09 - 06/30/09						
25	Enhanced SD/MC (Refugees) Costs			07/01/08 - 06/30/09				
26	Enhanced SD/MC (Refugees) SMA Upper			07/01/08 - 06/30/09				
27	Enhanced SD/MC (Refugees) Published			07/01/08 - 06/30/09				
28	Enhanced SD/MC (Refugees) Negotiated			07/01/08 - 06/30/09				
29 1	Healthy Families Costs	07/01/08 - 09/30/08						
29 2		10/01/08 - 12/31/08						
29 3		01/01/09 - 06/30/09						
30 1	Healthy Families SMA Upper Limits	07/01/08 - 09/30/08						
30 2		10/01/08 - 12/31/08						
30 3		01/01/09 - 06/30/09						
31 1	Healthy Families Published Charges	07/01/08 - 09/30/08						
31 2		10/01/08 - 12/31/08						
31 3		01/01/09 - 06/30/09						
32 1	Healthy Families Negotiated Rates	07/01/08 - 09/30/08						
32 2		10/01/08 - 12/31/08						
32 3		01/01/09 - 06/30/09						
33	Non-Medi-Cal Costs		609,504	85,714	520,000	3,790		

State of California Health and Human Services Agency
DETAIL COST REPORT
ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL
 MH 1966 (Rev. 11/09)

Department of Mental Health

 PAGE 1 OF 1
 FISCAL YEAR 2008 - 2009

County: Test County County Code: 99 Legal Entity: Test County MH Services Legal Entity Number: 00099 Mode: 10 - Day Services			A	CR B Service Function	CR C Service Function	CR D Service Function	E Service Function	F Service Function	G Service Function
Mode Total			Mode Total	20	20	20			
1	Allocation Percentage		100.00%	1.92%	96.20%	1.88%			
2	Total Units		300	300	1,500	200			
3	Gross Cost		519,750	10,000	500,000	9,750			
4	Cost per Unit			33.33	333.33	48.75			
5	SMA per Unit			94.54	94.54	94.54			
6	Published Charge per Unit			92.00	92.00	92.00			
7	Negotiated Rate / Cost per Unit								
8 1	Medi-Cal Units	07/01/08 - 09/30/08		150					
8 2		10/01/08 - 12/31/08			1,200				
8 3		01/01/09 - 06/30/09				200			
9 1	Medicare/Medi-Cal Crossover Units	07/01/08 - 09/30/08		60					
9 2		10/01/08 - 12/31/08							
9 3		01/01/09 - 06/30/09							
10 1	Enhanced SD/MC (Children) Units	07/01/08 - 09/30/08		50					
10 2		10/01/08 - 12/31/08							
10 3		01/01/09 - 06/30/09							
11 1	Enhanced SD/MC (Refugees) Units	07/01/08 - 09/30/08							
11 2		10/01/08 - 12/31/08							
11 3		01/01/09 - 06/30/09							
12	Non-Medi-Cal Units			40	300				
13 1	Medi-Cal Costs	07/01/08 - 09/30/08	5,000	5,000					
13 2		10/01/08 - 12/31/08	400,000		400,000				
13 3		01/01/09 - 06/30/09	9,750			9,750			
14 1	Medi-Cal SMA Upper Limits	07/01/08 - 09/30/08	14,181	14,181					
14 2		10/01/08 - 12/31/08	113,448		113,448				
14 3		01/01/09 - 06/30/09	18,908			18,908			
15 1	Medi-Cal Published Charges	07/01/08 - 09/30/08	13,800	13,800					
15 2		10/01/08 - 12/31/08	110,400		110,400				
15 3		01/01/09 - 06/30/09	18,400			18,400			
16 1	Medi-Cal Negotiated Rates	07/01/08 - 09/30/08							
16 2		10/01/08 - 12/31/08							
16 3		01/01/09 - 06/30/09							
17 1	Medicare/Medi-Cal Crossover Costs	07/01/08 - 09/30/08	2,000	2,000					
17 2		10/01/08 - 12/31/08							
17 3		01/01/09 - 06/30/09							
18 1	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/08 - 09/30/08	5,672	5,672					
18 2		10/01/08 - 12/31/08							
18 3		01/01/09 - 06/30/09							
19 1	Medicare/Medi-Cal Crossover Published Charges	07/01/08 - 09/30/08	5,520	5,520					
19 2		10/01/08 - 12/31/08							
19 3		01/01/09 - 06/30/09							
20 1	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/08 - 09/30/08							
20 2		10/01/08 - 12/31/08							
20 3		01/01/09 - 06/30/09							
21 1	Enhanced SD/MC (Children) Costs	07/01/08 - 09/30/08	1,667	1,667					
21 2		10/01/08 - 12/31/08							
21 3		01/01/09 - 06/30/09							
22 1	Enhanced SD/MC (Children) SMA Upper Limits	07/01/08 - 09/30/08	4,727	4,727					
22 2		10/01/08 - 12/31/08							
22 3		01/01/09 - 06/30/09							
23 1	Enhanced SD/MC (Children) Published Charges	07/01/08 - 09/30/08	4,600	4,600					
23 2		10/01/08 - 12/31/08							
23 3		01/01/09 - 06/30/09							
24 1	Enhanced SD/MC (Children) Negotiated Rates	07/01/08 - 09/30/08							
24 2		10/01/08 - 12/31/08							
24 3		01/01/09 - 06/30/09							
25	Enhanced SD/MC (Refugees) Costs	07/01/08 - 06/30/09							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/08 - 06/30/09							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/08 - 06/30/09							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/08 - 06/30/09							
29 1	Healthy Families Costs	07/01/08 - 09/30/08							
29 2		10/01/08 - 12/31/08							
29 3		01/01/09 - 06/30/09							
30 1	Healthy Families SMA Upper Limits	07/01/08 - 09/30/08							
30 2		10/01/08 - 12/31/08							
30 3		01/01/09 - 06/30/09							
31 1	Healthy Families Published Charges	07/01/08 - 09/30/08							
31 2		10/01/08 - 12/31/08							
31 3		01/01/09 - 06/30/09							
32 1	Healthy Families Negotiated Rates	07/01/08 - 09/30/08							
32 2		10/01/08 - 12/31/08							
32 3		01/01/09 - 06/30/09							
33	Non-Medi-Cal Costs		101,333	1,333	100,000				

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT

MH 1968 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: Test County County Code: 99 Legal Entity: Test County MH Services Legal Entity Number: 00099			REIMBURSEMENT TYPE				PC				Costs		Total Outpatient (Col. I + Col. J)
			A	B	C	D	E	F	G	H	I	J	
			Mode 55 S. F.'s 01-09	Mode 55 S. F.'s 11-19, 31-39	Mode 55 S. F.'s 21-29	Total MAA	Total Inpatient Mode 05 Hospital Inpatient Services	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Outpatient Services Program (2)	
1 1	Medi-Cal Costs	07/01/08 - 09/30/08				64,296	130,000		5,000	40,000	45,000		45,000
1 2		10/01/08 - 12/31/08					400,000			106,500	506,500		506,500
1 3		01/01/09 - 06/30/09				3,790	162,538		9,750	1,543,750	1,553,500		1,553,500
2 1	Medi-Cal SMA	07/01/08 - 09/30/08					14,181		2,958	17,149			17,149
2 2		10/01/08 - 12/31/08					108,424		113,448	3,813	117,261		117,261
2 3		01/01/09 - 06/30/09					27,106		18,508	5,216	27,324		27,324
3 1	Medi-Cal P. C.	07/01/08 - 09/30/08					180,000		13,800	2,633	19,433		19,433
3 2		10/01/08 - 12/31/08					120,000		110,400	3,510	113,910		113,910
3 3		01/01/09 - 06/30/09					30,000		18,400	7,380	25,780		25,780
4 1	Medi-Cal N. R.	07/01/08 - 09/30/08					150,000						
4 2		10/01/08 - 12/31/08					100,000						
4 3		01/01/09 - 06/30/09					3,790						
5 1	Medi-Cal Gross Reimbursement	07/01/08 - 09/30/08					150,000		13,800	2,633	16,433		16,433
5 2		10/01/08 - 12/31/08					100,000		110,400	3,510	113,910		113,910
5 3		01/01/09 - 06/30/09					3,790		18,400	7,380	25,780		25,780
6 1	Medicare/Medi-Cal Crossover Cost	07/01/08 - 09/30/08							2,000		2,000		2,000
6 2		10/01/08 - 12/31/08											
6 3		01/01/09 - 06/30/09											
7 1	Medicare/Medi-Cal Crossover SMA	07/01/08 - 09/30/08							5,672		5,672		5,672
7 2		10/01/08 - 12/31/08											
7 3		01/01/09 - 06/30/09											
8 1	Medicare/Medi-Cal Crossover P. C.	07/01/08 - 09/30/08							5,520		5,520		5,520
8 2		10/01/08 - 12/31/08											
8 3		01/01/09 - 06/30/09											
9 1	Medicare/Medi-Cal Crossover N. R.	07/01/08 - 09/30/08											
9 2		10/01/08 - 12/31/08											
9 3		01/01/09 - 06/30/09											
10 1	Medicare/Medi-Cal Crossover Gross Reim.	07/01/08 - 09/30/08							5,520		5,520		5,520
10 2		10/01/08 - 12/31/08											
10 3		01/01/09 - 06/30/09											
11 1	Total SD/MC + Crossover Gross Reim.	07/01/08 - 09/30/08					150,000		19,320	2,633	21,953		21,953
11 2		10/01/08 - 12/31/08					100,000		110,400	3,510	113,910		113,910
11 3		01/01/09 - 06/30/09					3,790		18,400	7,380	25,780		25,780
12 1	Enhanced SD/MC (Children) Cost	07/01/08 - 09/30/08							1,667		1,667		1,667
12 2		10/01/08 - 12/31/08											
12 3		01/01/09 - 06/30/09											
13 1	Enhanced SD/MC (Children) SMA	07/01/08 - 09/30/08							4,727		4,727		4,727
13 2		10/01/08 - 12/31/08											
13 3		01/01/09 - 06/30/09											
14 1	Enhanced SD/MC (Children) P. C.	07/01/08 - 09/30/08							4,600		4,600		4,600
14 2		10/01/08 - 12/31/08											
14 3		01/01/09 - 06/30/09											
15 1	Enhanced SD/MC (Children) N. R.	07/01/08 - 09/30/08											
15 2		10/01/08 - 12/31/08											
15 3		01/01/09 - 06/30/09											
16 1	Enhanced SD/MC (Children) Gross Reim.	07/01/08 - 09/30/08							4,600		4,600		4,600
16 2		10/01/08 - 12/31/08											
16 3		01/01/09 - 06/30/09											
17	Enhanced SD/MC (Refugees) Cost	07/01/08 - 06/30/09											
18	Enhanced SD/MC (Refugees) SMA	07/01/08 - 06/30/09											
19	Enhanced SD/MC (Refugees) P. C.	07/01/08 - 06/30/09											
20	Enhanced SD/MC (Refugees) N. R.	07/01/08 - 06/30/09											
21 1	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/08 - 09/30/08					150,000		23,920	2,633	26,553		26,553
21 2		10/01/08 - 12/31/08					100,000		110,400	3,510	113,910		113,910
21 3		01/01/09 - 06/30/09					3,790		18,400	7,380	25,780		25,780
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/08 - 06/30/09											
23 1	Healthy Families Cost	07/01/08 - 09/30/08								2,000	2,000		2,000
23 2		10/01/08 - 12/31/08								30,000	30,000		30,000
23 3		01/01/09 - 06/30/09											
24 1	Healthy Families SMA	07/01/08 - 09/30/08								202	202		202
24 2		10/01/08 - 12/31/08								261	261		261
24 3		01/01/09 - 06/30/09											
25 1	Healthy Families P. C.	07/01/08 - 09/30/08								189	189		189
25 2		10/01/08 - 12/31/08								225	225		225
25 3		01/01/09 - 06/30/09											
26 1	Healthy Families N. R.	07/01/08 - 09/30/08											
26 2		10/01/08 - 12/31/08											
26 3		01/01/09 - 06/30/09											
27 1	Healthy Families Gross Reim.	07/01/08 - 09/30/08								189	189		189
27 2		10/01/08 - 12/31/08								225	225		225
27 3		01/01/09 - 06/30/09											
28 1	Less: Patient and Other Payor Revenue	07/01/08 - 09/30/08							1,500		1,500		1,500
28 2		10/01/08 - 12/31/08											
28 3		01/01/09 - 06/30/09											
29	SD/MC + Crossover Revenue	07/01/08 - 06/30/09											
30	Enhanced SD/MC (Children) Revenue	07/01/08 - 06/30/09											
31	Enhanced SD/MC (Refugees) Revenue	07/01/08 - 06/30/09											
32	Healthy Families Revenue	07/01/08 - 06/30/09											
33	Total Expenditures from MAA (Mode 55)	07/01/08 - 06/30/09											
34	Medi-Cal Eligibility Factor (Average)	07/01/08 - 06/30/09											
35 1	Revenue - MAA	07/01/08 - 09/30/08											
35 2		10/01/08 - 12/31/08											
35 3		01/01/09 - 06/30/09											
36 1	Net Due - SD/MC for Direct Services	07/01/08 - 09/30/08					150,000		22,420	2,633	25,053		25,053
36 2		10/01/08 - 12/31/08					100,000		110,400	3,510	113,910		113,910
36 3		01/01/09 - 06/30/09					3,790		32,200	7,380	39,580		39,580
37 1	Net Due - Enhanced SD/MC (Refugees)	07/01/08 - 09/30/08											
37 2		10/01/08 - 12/31/08								189	189		189
37 3		01/01/09 - 06/30/09								225	225		225
38 1	Amount Negotiated Rates Exceed Costs	07/01/08 - 09/30/08					85,714						
38 2		10/01/08 - 12/31/08											
38 3		01/01/09 - 06/30/09											
39 1	Enhanced SD/MC (Refugees)	07/01/08 - 09/30/08											
39 2		10/01/08 - 12/31/08											
39 3		01/01/09 - 06/30/09											
40 1	Healthy Families	07/01/08 - 09/30/08											
40 2		10/01/08 - 12/31/08											
40 3		01/01/09 - 06/30/09											

HOME

Goto MH1969

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT

MH 1979 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: Test County
County Code: 99

Legal Entity: Test County MH Services		A	B	C	D	E	F	G	H	I	J
Legal Entity Number: 00099		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	50.00% FFP	61.59% FFP	Variable % FFP	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement		253,790	180,043	433,833						
2	Contract Providers Medi-Cal Direct Service Gross Reimbursement										
3	Total Medi-Cal Direct Service Gross Reimbursement				433,833						
4	Medi-Cal Administrative Reimbursement Limit				65,075						
5	Medi-Cal Administration				10,778,870						
6	Medi-Cal Administrative Reimbursement				65,075	32,537					32,537
Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement			414	414						
7A	Contract Providers Healthy Families Direct Service Gross Reim.										
7B	Total Healthy Families Direct Service Gross Reimbursement				414						
8	Healthy Families Administrative Reimbursement Limit				41						
9	Healthy Families Administration				560,000						
10	Healthy Families Administrative Reimbursement				41				27		27
SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09										
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)				146,800					110,100	110,100
15	Other SD/MC Utilization Review (County Only)										
16	SD/MC Net Reimbursement for Direct Services		150,000	20,453	170,453		85,226				85,226
16A			103,790	139,690	252,680			155,626			155,626
17	Enhanced SD/MC Net Reimb. (Children)			4,600	4,600				2,990		2,990
17A				4,600	4,600				2,990		2,990
18	Enhanced SD/MC Net Reimb. (Refugees)										
19	Total SD/MC Reimbursement Before Excess FFP										389,469
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC		85,714		85,714						21,429
21	Total SD/MC Reimbursement (FFP)										368,041
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										368,041
24	Healthy Families Net Reimbursement			189	189				123		123
24A				225	225				146		146
25	Total Healthy Families Reimbursement Before Excess FFP										296
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										296

STATE SHARE OF SD/MC COST

Line 6: Column D minus Column E	32,537
Line 10: Column D minus Column H	14
Line 11: Column D minus Column E	
Line 12: Column D minus Column E	
Line 13: Column D minus Column I	
Line 14: Column D minus Column I	36,700
Line 15: Column D minus Column E	
Line 16: Column D minus Column F	85,226
Line 16A: Column D minus Column G	97,054
Line 17: Column D minus Column H	1,610
Line 17A: Column D minus Column H	1,610
Line 18: Column D minus Column H	
Line 24: Column D minus Column H	66
Line 24A: Column D minus Column H	79
TOTAL STATE SHARE SD/MC COST	254,898

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

FUNDING SOURCES

MH 1992 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: Test County
County Code: 99

Legal Entity: Test County MH Services		A	B	C	D	E	F	G	H	I	J
Legal Entity No.: 00099		Admin./ Research & Evaluation	Utilization Review	Direct Services/MAA							Total Legal Entity
				Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	
1	Gross Cost	11,338,870	146,800	807,580		519,750	2,131,000				14,944,000
2	Adjustments										
3	Adjusted Gross Cost	11,338,870	146,800	807,580		519,750	2,131,000				14,944,000
	Funding Sources										
	Grants										
4	SAMHSA Grants										
5	PATH Grants										
6	RWJ Grants										
7	Other Grants										
8	Total Grants Accrued										
9	Patient Fees										
10	Patient Insurance										
11	Regular/Enhanced SD/MC (FFP only)	32,537	110,100	117,496		99,884	8,023				368,041
12	Healthy Family - Fed share	27					269				296
13	Medicare - Fed. Share										
14	Conservatorship Admin. Fees										
15	State General Fund-State Share	5,653,153		230,025		188,000	2,122,707				8,193,885
16	State General Fund-County Match										
17	SGF-Managed Care - Outpatient										
18	07-08 Rollover - Managed Care-Other										
19	EPSDT SD/MC - State Share Est.										
20A	07-08 SGF Rollover										
20B	Other Revenue		36,700	250,028		136,000					422,728
21	Realignment Funds/MOE	5,653,153		200,000		90,000					5,943,153
22	Prior Years MHSA										
23	MHSA			10,031		5,866					15,897
24	County Overmatch										
25	CALWORKS										
26	Total Funding Sources	11,338,870	146,800	807,580		519,750	2,131,000				14,944,000

CROSSCHECKS

OK

OK

OK MH1979 SDMC MATCH

OK MH1979 HF MATCH

OK

EDIT CHECKS

Line 3 = Line 24? OK OK OK OK OK OK OK OK OK OK
 Amt. to Balance to Line 3: 0 0 0 0 0 0 0 0 0 0 0 0

HOME

<< MH1992_INST

DONE!

APPENDIX B

Sample Detail Cost Report (Contract Provider LE With Medi-Cal)

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT
 INFORMATION SHEET
 MH1900_INFO (Rev. 11/09)

FISCAL YEAR 2008 - 2009

SECTION I: ALL LEGAL ENTITIES:*All Legal Entities are to complete Section I.*

Name of Preparer:	Tester
Date:	12/31/2009
Legal Entity Name:	Provider One
Legal Entity Number:	00001
County:	Tester County
County Code:	99
Is this a County Legal Entity Report? (Y or N)	No ▼
Are you reporting SD/MC? (Y or N)	Yes ▼

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MH1901_Schedule_A >>

SECTION II: COUNTY LEGAL ENTITY ONLY:*Only County Legal Entities are to Complete Section II.*

Address:	
Phone Number:	
County Population: Over 125,000? (Y or N):	Yes ▼

*Contract Provider Medi-Cal Direct Service Gross Reimbursement
 (Used to populate MH1979 Line 2)*

Inpatient Services	
Outpatient Services	

*Contract Provider Healthy Families Direct Service Gross
 Reimbursement (Used to populate MH1979 Line 7)*

Inpatient Services	
Outpatient Services	

Total State Share of SD/MC Cost:	\$	1,243,680
---	----	-----------

*Fee For Service - Mental Health Specialty
 Provider Numbers For Individual and Group*

Mode&SF -->

Legal Entity Number (FFS):	
Psychiatrist:	
Psychologist:	
Mixed Specialty Group:	
RN:	
LCSW:	
MFCC (MFT):	

*Adjust Medi-Cal FFP Due to Contract Limitation
 (Used to populate MH1979 Line 22J)*

Mode 05 - Hospital Inpatient Services	
Mode 05 - Other 24 Hour Services	
Mode 10 - Day Services	
Mode 15 - Outpatient Services	
Contract Limitation Adjustment Total	\$ -

HOME

MH1901_Schedule_A_1 >>

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES

MH 1901 SCHEDULE A_1 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: Provider OneEntity Number: 00001Fiscal Year: 2008 - 2009

07/01/08 - 12/31/08

	A	B	C	D	E	F	G
	MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON MIC CONTRACT RATE	RATE FOR ALLOCATION
A. 24 - HOUR SERVICES							
1	05	10 - 18	\$1,084.24				\$0.00
2	05	19	\$348.45				\$0.00
3	05	20 - 29	\$570.91				\$0.00
4	05	30 - 34					\$0.00
5	05	35					\$0.00
6	05	36 - 39					\$0.00
7	05	40 - 49	\$321.94				\$0.00
8	05	50 - 59					\$0.00
9	05	60 - 64					\$0.00
10	05	65 - 79	\$157.03				\$0.00
11	05	80 - 84					\$0.00
12	05	85 - 89					\$0.00
13	05	90 - 94					\$0.00
B. DAY SERVICES							
14	10	20 - 24	\$94.54				\$0.00
15	10	25 - 29	\$94.54				\$0.00
16	10	30 - 39					\$0.00
17	10	40 - 49					\$0.00
18	10	60 - 69					\$0.00
19	10	81 - 84	\$144.13				\$0.00
20	10	85 - 89	\$202.43		\$150.00		\$0.00
21	10	91 - 94	\$84.08				\$0.00
22	10	95 - 99	\$131.24				\$0.00
C. OUTPATIENT SERVICES							
23	15	01 - 09	\$2.02				\$0.00
24	15	10 - 19	\$2.61		\$2.50		\$0.00
25	15	30 - 59	\$2.61		\$2.50		\$0.00
26	15	60 - 69	\$4.82		\$4.19		\$0.00
27	15	70 - 79	\$3.88				\$0.00
D. OUTREACH SERVICES							
28	45	10 - 19					\$0.00
29	45	20 - 29					\$0.00
E. MEDI-CAL ADMINISTRATIVE ACTIVITIES							
30	55	01 - 03		MEDI-CAL ELIGIBILITY FACTOR			
31	55	04 - 06		Quarter 1			
32	55	07 - 08		Quarter 2			
33	55	09		Quarter 3			
34	55	11 - 13		Quarter 4			
35	55	14 - 16		Average			
36	55	17 - 19					
37	55	21 - 23					
38	55	24 - 26					
39	55	27 - 29					
40	55	31 - 34					
41	55	35 - 39					
F. SUPPORT SERVICES							
42	60	20 - 29					\$0.00
43	60	30 - 39					\$0.00
44	60	40 - 49					\$0.00
45	60	60 - 69					\$0.00
46	60	70					\$0.00
47	60	71					\$0.00
48	60	72					\$0.00
49	60	75					\$0.00
50	60	78					\$0.00

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State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES

MH 1901 SCHEDULE A_2 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: Provider OneEntity Number: 00001Fiscal Year: 2008 - 2009

01/01/09 - 06/30/09

	A	B	C	D	E	F	G
		SERVICE FUNCTION CODE		STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
	SERVICE FUNCTION	MODE	SMA				
	A. 24 - HOUR SERVICES						
1	Hospital Inpatient	05	10 - 18	\$1,084.24			
2	Hospital Administrative Day	05	19	\$348.45			\$0.00
3	Psychiatric Health Facility (PHF)	05	20 - 29	\$570.91			\$0.00
4	SNF Intensive	05	30 - 34				\$0.00
5	IMD Basic (No Patch)	05	35				\$0.00
6	IMD (With Patch)	05	36 - 39				\$0.00
7	Adult Crisis Residential	05	40 - 49	\$321.94			\$0.00
8	Jail Inpatient	05	50 - 59				\$0.00
9	Residential Other	05	60 - 64				\$0.00
10	Adult Residential	05	65 - 79	\$157.03			\$0.00
11	Semi - Supervised Living	05	80 - 84				\$0.00
12	Independent Living	05	85 - 89				\$0.00
13	MH Rehab Centers	05	90 - 94				\$0.00
	B. DAY SERVICES						
14	Crisis Stabilization Emergency Room	10	20 - 24	\$94.54			\$0.00
15	Urgent Care	10	25 - 29	\$94.54			\$0.00
16	Vocational Services	10	30 - 39				\$0.00
17	Socialization	10	40 - 49				\$0.00
18	SNF Augmentation	10	60 - 69				\$0.00
19	Day Treatment Intensive Half Day	10	81 - 84	\$144.13			\$0.00
20	Full Day	10	85 - 89	\$202.43	\$150.00		\$0.00
21	Day Rehabilitation Half Day	10	91 - 94	\$84.08			\$0.00
22	Full Day	10	95 - 99	\$131.24			\$0.00
	C. OUTPATIENT SERVICES						
23	Case Management, Brokerage	15	01 - 09	\$2.02			\$0.00
24	Mental Health Services	15	10 - 19	\$2.61	\$2.50		\$0.00
25	Mental Health Services	15	30 - 59	\$2.61	\$2.50		\$0.00
26	Medication Support	15	60 - 69	\$4.82	\$4.19		\$0.00
27	Crisis Intervention	15	70 - 79	\$3.88			\$0.00
	D. OUTREACH SERVICES						
28	Mental Health Promotion	45	10 - 19				\$0.00
29	Community Client Services	45	20 - 29				\$0.00
	E. MEDI-CAL ADMINISTRATIVE ACTIVITIES				MEDI-CAL ELIGIBILITY FACTOR		
30	Medi-Cal Outreach	55	01 - 03				
31	Medi-Cal Eligibility Intake	55	04 - 06	Quarter 1			
32	Medi-Cal Contract Administration	55	07 - 08	Quarter 2			
33	MAA Coordination and Claims Administration	55	09	Quarter 3			
34	Referral - Crisis, Non-Open Case	55	11 - 13	Quarter 4			
35	MH Services Contract Administration	55	14 - 16	Average			
36	Discounted Mental Health Outreach	55	17 - 19				
37	SPMP Case Management, Non-Open Case	55	21 - 23				
38	SPMP Program Planning and Development	55	24 - 26				
39	SPMP MAA Training	55	27 - 29				
40	Non-SPMP Case Management, Non-Open Case	55	31 - 34				
41	Non-SPMP Program Planning and Development	55	35 - 39				
	F. SUPPORT SERVICES						
42	Conservatorship Investigation	60	20 - 29				\$0.00
43	Administration	60	30 - 39				\$0.00
44	Life Support/Board & Care	60	40 - 49				\$0.00
45	Case Management Support	60	60 - 69				\$0.00
46	Client Housing Support Expenditures	60	70				\$0.00
47	Client Housing Operating Expenditures	60	71				\$0.00
48	Client Flexible Support Expenditures	60	72				\$0.00
49	Non Medi-Cal Capital Assets	60	75				\$0.00
50	Other Non Medi-Cal Client Support Expenditures	60	78				\$0.00

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State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B_1 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: Provider One Entity Number: 00001

Fiscal Year: 2008 - 2009

07/01/08 - 09/30/08

Settlement Types	CR - Cost Reimbursement	MAA - Medi-Cal Administrative Activities
	NR - Negotiated Rate	MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
				SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		
Settlement Type	Mode	SF	Total Units of Service	Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	Revenue	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	Non Medi-Cal Units
1	CR	10	85	15,000	12,000	12,000									3,000
2	CR	15	10	2,000	1,500	1,500									500
3	CR	15	30	1,800	1,200	1,200									600
4	CR	15	60	220	100	100									120
5															
6															
7															
8															
9															
10															
83															
84															
Totals			19,020	14,800	14,800										4,220

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MH1901_Schedule_B_2 >>

MH1961 >>
MEDI-CAL
ADJUSTMENTS TO
COSTS

MH1962 >>
OTHER COSTS

MH1963 >>
PAYMENT TO
CONTRACT PROVIDERS

MH1960 >>
CALCULATION OF
PROGRAM COSTS

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B_2 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: Provider OneEntity Number: 00001Fiscal Year: 2008 - 2009**10/01/08 - 12/31/08**

Settlement Types	CR - Cost Reimbursement	MAA - Medi-Cal Administrative Activities
	NR - Negotiated Rate	MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
					SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		
	Settlement Type	Mode	SF	Total Units of Service	Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	REVENUE	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	Non Medi-Cal Units
1	CR	10	85	6,000	6,000	6,000										
2	CR	15	10	5,000	2,500	2,500										2,500
3	CR	15	30	2,000	1,500	1,500										500
4	CR	15	60	1,000	500	500										500
5																
6																
7																
8																
9																
10																
83																
84																
Totals				14,000	10,500	10,500										3,500

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[MH1961 >>](#)
[MEDI-CAL](#)
[ADJUSTMENTS TO](#)
[COSTS](#)

[MH1962 >>](#)
[OTHER COSTS](#)

[MH1963 >>](#)
[PAYMENT TO](#)
[CONTRACT PROVIDERS](#)

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[CALCULATION OF](#)
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State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B_3 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: Provider OneEntity Number: 00001Fiscal Year: 2008 - 2009**01/01/09 - 06/30/09**

Settlement Types	CR - Cost Reimbursement	MAA - Medi-Cal Administrative Activities
		MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
				SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		
Settlement Type	Mode	SF	Total Units of Service	Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	REVENUE	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	Non Medi-Cal Units
1	CR	10	85	600											600
2	CR	15	10												
3	CR	15	30	300											300
4	CR	15	60												
5															
6															
7															
8															
9															
10															
83															
84															
Totals			900												900

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MH1961 >>
MEDI-CAL
ADJUSTMENTS TO
COSTS

MH1962 >>
OTHER COSTS

MH1963 >>
PAYMENT TO
CONTRACT PROVIDERS

MH1960 >>
CALCULATION OF
PROGRAM COSTS

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

SUPPORTING DOCUMENTATION FOR THE METHOD USED TO ALLOCATE
TOTALS TO MODE OF SERVICE & SERVICE FUNCTION

MH 1901 SCHEDULE C (Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: Provider OneEntity Number: 00001Fiscal Year: 2008 - 2009

Allocation	
<input type="radio"/> Rate for Allocation	<input type="radio"/> SMA Rate
<input type="radio"/> Published Charges	<input checked="" type="radio"/> Directly Allocated

COSTS TO BE ALLOCATED

Allowable Mode Costs (MH1960 Line 18, Col. C)	3,246,611
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A	B	C	D	E	F	G	H	I
Settlement Type	Mode	SF	Total Units	Eligible Direct Cost	Allocation Basis	Relative Value	Allocation %	Allocated Cost
1.1	CR	10	85	15,000	2,225,000			2,225,000
1.2	CR	10	85	6,000	900,000			900,000
1.3	CR	10	85	600	90,000			90,000
2.1	CR	15	10	2,000	5,000			5,000
2.2	CR	15	10	5,000	11,250			11,250
2.3	CR	15	10	-				
3.1	CR	15	30	1,800	4,500			4,500
3.2	CR	15	30	2,000	5,000			5,000
3.3	CR	15	30	300	750			750
4.1	CR	15	60	220	921			921
4.2	CR	15	60	1,000	4,190			4,190
4.3	CR	15	60	-				
5.1				-				
5.2				-				
5.3				-				
84.1				-				
84.2				-				
84.3				-				
Totals			33,920		3,246,611	-	0%	3,246,611

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Summary

Mode	Allocated Cost	Allocated %	Settlement Type	Allocated Cost
5 10-19		0.00%	TBS	
5 Other		0.00%	ASO	
10	3,215,000	99.03%	MHS	
15 Program_1	31,611	0.97%		
45		0.00%	Total	
55		0.00%		
60		0.00%		
Total	3,246,611	100.00%		

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

CALCULATION OF PROGRAM COSTS

MH 1960 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: Tester County
County Code: 99

Legal Entity: Provider One		A	B	C
Legal Entity Number: 00001		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	3,246,611		3,246,611
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments from MH 1962			
5	Total Costs Before Medi-Cal Adjustments	3,246,611		3,246,611
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			3,246,611
	Administrative Costs (County Only)			
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			3,246,611
19	Total Costs - Lines 9 through 18			3,246,611

Crosscheck
3,246,611 OK
3,246,611 OK

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<< MH1962

<< MH1963

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO MODES OF SERVICE

MH 1964 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: Tester County
 County Code: 99

Legal Entity: Provider One		A
Legal Entity Number: 00001		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	3,246,611
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	3,215,000
5	Outpatient Services (Mode 15 Program 1 + Program 2)	31,611
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	3,246,611

Crosscheck
OK

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State of California Health and Human Services Agency
 DETAIL COST REPORT
**ALLOCATION OF COSTS TO SERVICE
 FUNCTIONS - MODE TOTAL**
 MH 1966 (Rev. 11/09)

Department of Mental Health

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 FISCAL YEAR 2008 - 2009

County: Tester County County Code: 99 Legal Entity: Provider One Legal Entity Number: 00001 Mode: 15 - Outpatient Services (Program 1)			A	CR B Service Function 10	CR C Service Function 10	CR D Service Function 10	CR E Service Function 30	CR F Service Function 30	CR G Service Function 30	CR H Service Function 60	CR I Service Function 60
1	Allocation Percentage		100.00%	15.82%	35.59%		14.24%	15.82%	2.37%	2.91%	13.25%
2	Total Units		2,000	5,000			1,800	2,000	300	220	1,000
3	Gross Cost		31,611	5,000	11,250		4,500	5,000	750	921	4,190
4	Cost per Unit			2.50	2.25		2.50	2.50	2.50	4.19	4.19
5	SMA per Unit			2.61	2.61	2.61	2.61	2.61	2.61	4.82	4.82
6	Published Charge per Unit			2.50	2.50	2.50	2.50	2.50	2.50	4.19	4.19
7	Negotiated Rate / Cost per Unit										
8_1	Medi-Cal Units	07/01/08 - 09/30/08		1,500			1,200			100	
8_2		10/01/08 - 12/31/08			2,500			1,500			500
8_3		01/01/09 - 06/30/09									
9_1	Medicare/Medi-Cal Crossover Units	07/01/08 - 09/30/08									
9_2		10/01/08 - 12/31/08									
9_3		01/01/09 - 06/30/09									
10_1	Enhanced SD/MC (Children) Units	07/01/08 - 09/30/08									
10_2		10/01/08 - 12/31/08									
10_3		01/01/09 - 06/30/09									
11_1	Enhanced SD/MC (Refugees) Units	07/01/08 - 09/30/08									
11_2		10/01/08 - 12/31/08									
11_3		01/01/09 - 06/30/09									
12	Non-Medi-Cal Units			500	2,500		600	500	300	120	500
13_1	Medi-Cal Costs	07/01/08 - 09/30/08	7,169	3,750			3,000			419	
13_2		10/01/08 - 12/31/08	11,470		5,625			3,750			2,095
13_3		01/01/09 - 06/30/09									
14_1	Medi-Cal SMA Upper Limits	07/01/08 - 09/30/08	7,529	3,915			3,132			482	
14_2		10/01/08 - 12/31/08	12,850		6,525			3,915			2,410
14_3		01/01/09 - 06/30/09									
15_1	Medi-Cal Published Charges	07/01/08 - 09/30/08	7,169	3,750			3,000			419	
15_2		10/01/08 - 12/31/08	12,095		6,250			3,750			2,095
15_3		01/01/09 - 06/30/09									
16_1	Medi-Cal Negotiated Rates	07/01/08 - 09/30/08									
16_2		10/01/08 - 12/31/08									
16_3		01/01/09 - 06/30/09									
17_1	Medicare/Medi-Cal Crossover Costs	07/01/08 - 09/30/08									
17_2		10/01/08 - 12/31/08									
17_3		01/01/09 - 06/30/09									
18_1	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/08 - 09/30/08									
18_2		10/01/08 - 12/31/08									
18_3		01/01/09 - 06/30/09									
19_1	Medicare/Medi-Cal Crossover Published Charges	07/01/08 - 09/30/08									
19_2		10/01/08 - 12/31/08									
19_3		01/01/09 - 06/30/09									
20_1	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/08 - 09/30/08									
20_2		10/01/08 - 12/31/08									
20_3		01/01/09 - 06/30/09									
21_1	Enhanced SD/MC (Children) Costs	07/01/08 - 09/30/08									
21_2		10/01/08 - 12/31/08									
21_3		01/01/09 - 06/30/09									
22_1	Enhanced SD/MC (Children) SMA Upper Limits	07/01/08 - 09/30/08									
22_2		10/01/08 - 12/31/08									
22_3		01/01/09 - 06/30/09									
23_1	Enhanced SD/MC (Children) Published Charges	07/01/08 - 09/30/08									
23_2		10/01/08 - 12/31/08									
23_3		01/01/09 - 06/30/09									
24_1	Enhanced SD/MC (Children) Negotiated Rates	07/01/08 - 09/30/08									
24_2		10/01/08 - 12/31/08									
24_3		01/01/09 - 06/30/09									
25	Enhanced SD/MC (Refugees) Costs	07/01/08 - 06/30/09									
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/08 - 06/30/09									
27	Enhanced SD/MC (Refugees) Published Charges	07/01/08 - 06/30/09									
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/08 - 06/30/09									
29_1	Healthy Families Costs	07/01/08 - 09/30/08									
29_2		10/01/08 - 12/31/08									
29_3		01/01/09 - 06/30/09									
30_1	Healthy Families SMA Upper Limits	07/01/08 - 09/30/08									
30_2		10/01/08 - 12/31/08									
30_3		01/01/09 - 06/30/09									
31_1	Healthy Families Published Charges	07/01/08 - 09/30/08									
31_2		10/01/08 - 12/31/08									
31_3		01/01/09 - 06/30/09									
32_1	Healthy Families Negotiated Rates	07/01/08 - 09/30/08									
32_2		10/01/08 - 12/31/08									
32_3		01/01/09 - 06/30/09									
33	Non-Medi-Cal Costs		12,972	1,250	5,625		1,500	1,250	750	502	2,095

State of California Health and Human Services Agency
 DETAIL COST REPORT
ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL
 MH 1966 (Rev. 11/09)

Department of Mental Health

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 FISCAL YEAR 2008 - 2009

County: Tester County County Code: 99 Legal Entity: Provider One Legal Entity Number: 00001 Mode: 10 - Day Services			A	CR B Service Function	CR C Service Function	CR D Service Function	E Service Function	F Service Function	G Service Function
Mode Total			Mode Total	85	85	85			
1	Allocation Percentage		100.00%	69.21%	27.99%	2.80%			
2	Total Units		15,000	6,000	600				
3	Gross Cost		3,215,000	2,225,000	900,000	90,000			
4	Cost per Unit			148.33	150.00	150.00			
5	SMA per Unit			202.43	202.43	202.43			
6	Published Charge per Unit			150.00	150.00	150.00			
7	Negotiated Rate / Cost per Unit								
8.1	Medi-Cal Units	07/01/08 - 09/30/08		12,000					
8.2		10/01/08 - 12/31/08			6,000				
8.3		01/01/09 - 06/30/09							
9.1	Medicare/Medi-Cal Crossover Units	07/01/08 - 09/30/08							
9.2		10/01/08 - 12/31/08							
9.3		01/01/09 - 06/30/09							
10.1	Enhanced SD/MC (Children) Units	07/01/08 - 09/30/08							
10.2		10/01/08 - 12/31/08							
10.3		01/01/09 - 06/30/09							
11	Enhanced SD/MC (Refugees) Units	07/01/08 - 09/30/08							
11.1		10/01/08 - 12/31/08							
11.2		01/01/09 - 06/30/09							
11.3	Healthy Families (SED) Units	07/01/08 - 09/30/08							
11.1		10/01/08 - 12/31/08							
11.2		01/01/09 - 06/30/09							
12	Non-Medi-Cal Units			3,000		600			
13.1	Medi-Cal Costs	07/01/08 - 09/30/08	1,780,000	1,780,000					
13.2		10/01/08 - 12/31/08	900,000		900,000				
13.3		01/01/09 - 06/30/09							
14.1	Medi-Cal SMA Upper Limits	07/01/08 - 09/30/08	2,429,160	2,429,160					
14.2		10/01/08 - 12/31/08	1,214,580		1,214,580				
14.3		01/01/09 - 06/30/09							
15.1	Medi-Cal Published Charges	07/01/08 - 09/30/08	1,800,000	1,800,000					
15.2		10/01/08 - 12/31/08	900,000		900,000				
15.3		01/01/09 - 06/30/09							
16.1	Medi-Cal Negotiated Rates	07/01/08 - 09/30/08							
16.2		10/01/08 - 12/31/08							
16.3		01/01/09 - 06/30/09							
17.1	Medicare/Medi-Cal Crossover Costs	07/01/08 - 09/30/08							
17.2		10/01/08 - 12/31/08							
17.3		01/01/09 - 06/30/09							
18.1	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/08 - 09/30/08							
18.2		10/01/08 - 12/31/08							
18.3		01/01/09 - 06/30/09							
19.1	Medicare/Medi-Cal Crossover Published Charges	07/01/08 - 09/30/08							
19.2		10/01/08 - 12/31/08							
19.3		01/01/09 - 06/30/09							
20.1	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/08 - 09/30/08							
20.2		10/01/08 - 12/31/08							
20.3		01/01/09 - 06/30/09							
21.1	Enhanced SD/MC (Children) Costs	07/01/08 - 09/30/08							
21.2		10/01/08 - 12/31/08							
21.3		01/01/09 - 06/30/09							
22.1	Enhanced SD/MC (Children) SMA Upper Limits	07/01/08 - 09/30/08							
22.2		10/01/08 - 12/31/08							
22.3		01/01/09 - 06/30/09							
23.1	Enhanced SD/MC (Children) Published Charges	07/01/08 - 09/30/08							
23.2		10/01/08 - 12/31/08							
23.3		01/01/09 - 06/30/09							
24.1	Enhanced SD/MC (Children) Negotiated Rates	07/01/08 - 09/30/08							
24.2		10/01/08 - 12/31/08							
24.3		01/01/09 - 06/30/09							
25	Enhanced SD/MC (Refugees) Costs	07/01/08 - 09/30/08							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/08 - 09/30/08							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/08 - 09/30/08							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/08 - 09/30/08							
29.1	Healthy Families Costs	07/01/08 - 09/30/08							
29.2		10/01/08 - 12/31/08							
29.3		01/01/09 - 06/30/09							
30.1	Healthy Families SMA Upper Limits	07/01/08 - 09/30/08							
30.2		10/01/08 - 12/31/08							
30.3		01/01/09 - 06/30/09							
31.1	Healthy Families Published Charges	07/01/08 - 09/30/08							
31.2		10/01/08 - 12/31/08							
31.3		01/01/09 - 06/30/09							
32.1	Healthy Families Negotiated Rates	07/01/08 - 09/30/08							
32.2		10/01/08 - 12/31/08							
32.3		01/01/09 - 06/30/09							
33	Non-Medi-Cal Costs		535,000	445,000		90,000			

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT

FISCAL YEAR 2008 - 2009

County: Taster County County Code: 99 Legal Entity: Provider One Legal Entity Number: 00001			REIMBURSEMENT TYPE				Costs			Costs		
			A	B	C	D	E	F	G	H	I	J
				Mode 55		Total MAA	Total Inpatient Mode 05 Hospital Inpatient Services	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Outpatient Services Program (2)
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29							Total Outpatient (Col. I + Col. J)
1 1	Medi-Cal Costs	07/01/08 - 09/30/08									1,787,169	1,787,169
1 2		10/01/08 - 12/31/08							1,780,000	7,169	911,470	911,470
1 3		01/01/09 - 06/30/09							900,000	11,470		
2 1	Medi-Cal SMA	07/01/08 - 09/30/08							2,429,160	7,529	2,436,689	2,436,689
2 2		10/01/08 - 12/31/08							1,214,580	12,850	1,227,430	1,227,430
2 3		01/01/09 - 06/30/09										
3 1	Medi-Cal P. C.	07/01/08 - 09/30/08							1,800,000	7,169	1,807,169	1,807,169
3 2		10/01/08 - 12/31/08							900,000	12,095	912,095	912,095
3 3		01/01/09 - 06/30/09										
4 1	Medi-Cal N. R.	07/01/08 - 09/30/08										
4 2		10/01/08 - 12/31/08										
4 3		01/01/09 - 06/30/09										
5 1	Medi-Cal Gross Reimbursement	07/01/08 - 09/30/08							1,780,000	7,169	1,787,169	1,787,169
5 2		10/01/08 - 12/31/08							900,000	11,470	911,470	911,470
5 3		01/01/09 - 06/30/09										
6 1	Medicare/Medi-Cal Crossover Cost	07/01/08 - 09/30/08										
6 2		10/01/08 - 12/31/08										
6 3		01/01/09 - 06/30/09										
7 1	Medicare/Medi-Cal Crossover SMA	07/01/08 - 09/30/08										
7 2		10/01/08 - 12/31/08										
7 3		01/01/09 - 06/30/09										
8 1	Medicare/Medi-Cal Crossover P. C.	07/01/08 - 09/30/08										
8 2		10/01/08 - 12/31/08										
8 3		01/01/09 - 06/30/09										
9 1	Medicare/Medi-Cal Crossover N. R.	07/01/08 - 09/30/08										
9 2		10/01/08 - 12/31/08										
9 3		01/01/09 - 06/30/09										
10 1	Medicare/Medi-Cal Crossover Gross Reim.	07/01/08 - 09/30/08										
10 2		10/01/08 - 12/31/08										
10 3		01/01/09 - 06/30/09										
11 1	Total SD/MC + Crossover Gross Reim.	07/01/08 - 09/30/08							1,780,000	7,169	1,787,169	1,787,169
11 2		10/01/08 - 12/31/08							900,000	11,470	911,470	911,470
11 3		01/01/09 - 06/30/09										
12 1	Enhanced SD/MC (Children) Cost	07/01/08 - 09/30/08										
12 2		10/01/08 - 12/31/08										
12 3		01/01/09 - 06/30/09										
13 1	Enhanced SD/MC (Children) SMA	07/01/08 - 09/30/08										
13 2		10/01/08 - 12/31/08										
13 3		01/01/09 - 06/30/09										
14 1	Enhanced SD/MC (Children) P. C.	07/01/08 - 09/30/08										
14 2		10/01/08 - 12/31/08										
14 3		01/01/09 - 06/30/09										
15 1	Enhanced SD/MC (Children) N. R.	07/01/08 - 09/30/08										
15 2		10/01/08 - 12/31/08										
15 3		01/01/09 - 06/30/09										
16 1	Enhanced SD/MC (Children) Gross Reim.	07/01/08 - 09/30/08										
16 2		10/01/08 - 12/31/08										
16 3		01/01/09 - 06/30/09										
17	Enhanced SD/MC (Refugees) Cost	07/01/08 - 06/30/09										
18	Enhanced SD/MC (Refugees) SMA	07/01/08 - 06/30/09										
19	Enhanced SD/MC (Refugees) P. C.	07/01/08 - 06/30/09										
20	Enhanced SD/MC (Refugees) N. R.	07/01/08 - 06/30/09										
21 1	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/08 - 09/30/08							1,780,000	7,169	1,787,169	1,787,169
21 2		10/01/08 - 12/31/08							900,000	11,470	911,470	911,470
21 3		01/01/09 - 06/30/09										
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/08 - 06/30/09										
23 1	Healthy Families Cost	07/01/08 - 09/30/08										
23 2		10/01/08 - 12/31/08										
23 3		01/01/09 - 06/30/09										
24 1	Healthy Families SMA	07/01/08 - 09/30/08										
24 2		10/01/08 - 12/31/08										
24 3		01/01/09 - 06/30/09										
25 1	Healthy Families P. C.	07/01/08 - 09/30/08										
25 2		10/01/08 - 12/31/08										
25 3		01/01/09 - 06/30/09										
26 1	Healthy Families N. R.	07/01/08 - 09/30/08										
26 2		10/01/08 - 12/31/08										
26 3		01/01/09 - 06/30/09										
27 1	Healthy Families Gross Reim.	07/01/08 - 09/30/08										
27 2		10/01/08 - 12/31/08										
27 3		01/01/09 - 06/30/09										
28 1	Less: Patient and Other Payor Revenue											
28 2	SD/MC + Crossover Revenue											
28 3												
29	Enhanced SD/MC (Children) Revenue											
30	Enhanced SD/MC (Refugees) Revenue											
31	Healthy Families Revenue											
32	Total Expenditures from MAA (Mode 55)											
33	Medi-Cal Eligibility Factor (Average)											
34	Revenue - MAA											
35 1	Net Due - SD/MC for Direct Services	07/01/08 - 09/30/08							1,780,000	7,169	1,787,169	1,787,169
35 2		10/01/08 - 12/31/08							900,000	11,470	911,470	911,470
35 3		01/01/09 - 06/30/09										
36	Net Due - Enhanced SD/MC (Refugees)											
37 1	Net Due - Healthy Families	07/01/08 - 09/30/08										
37 2		10/01/08 - 12/31/08										
37 3		01/01/09 - 06/30/09										
38 1	Amount Negotiated Rates Exceed Costs											
38 2	SD/MC (Includes Children)	07/01/08 - 09/30/08										
38 3		10/01/08 - 12/31/08										
38 3		01/01/09 - 06/30/09										
39	Enhanced SD/MC (Refugees)											
40 1	Healthy Families	07/01/08 - 09/30/08										
40 2		10/01/08 - 12/31/08										
40 3		01/01/09 - 06/30/09										

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State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT

MH 1979 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: Tester County County Code: 99											
Legal Entity: Provider One		A	B	C	D	E	F	G	H	I	J
Legal Entity Number: 00001		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	50.00% FFP	61.59% FFP	Variable % FFP	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement										
2	Contract Providers Medi-Cal Direct Service Gross Reimbursement										
3	Total Medi-Cal Direct Service Gross Reimbursement										
4	Medi-Cal Administrative Reimbursement Limit										
5	Medi-Cal Administration										
6	Medi-Cal Administrative Reimbursement										
Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement										
7A	Contract Providers Healthy Families Direct Service Gross Reim.										
7B	Total Healthy Families Direct Service Gross Reimbursement										
8	Healthy Families Administrative Reimbursement Limit										
9	Healthy Families Administration										
10	Healthy Families Administrative Reimbursement										
SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09										
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)										
15	Other SD/MC Utilization Review (County Only)										
16	SD/MC Net Reimbursement for Direct Services	07/1/08 - 08/30/08		1,787,169	1,787,169		893,584				893,584
16A		10/1/08 - 06/30/09		911,470	911,470			561,374			561,374
17	Enhanced SD/MC Net Reimb. (Children)	07/1/08 - 09/30/08									
17A		10/1/08 - 06/30/09									
18	Enhanced SD/MC Net Reimb. (Refugees)										
19	Total SD/MC Reimbursement Before Excess FFP										1,454,959
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										1,454,959
21	Total SD/MC Reimbursement (FFP)										1,454,959
22	Contract Limitation Adjustment										1,454,959
23	Adjusted Total SD/MC Reimbursement (FFP)										1,454,959
24	Healthy Families Net Reimbursement	07/1/08 - 09/30/08									
24A		10/1/08 - 06/30/09									
25	Total Healthy Families Reimbursement Before Excess FFP										
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										

STATE SHARE OF SD/MC COST

Line 6: Column D minus Column E	
Line 10: Column D minus Column H	
Line 11: Column D minus Column E	
Line 12: Column D minus Column E	
Line 13: Column D minus Column I	
Line 14: Column D minus Column I	
Line 15: Column D minus Column E	
Line 16: Column D minus Column F	893,584
Line 16A: Column D minus Column G	350,096
Line 17: Column D minus Column H	
Line 17A: Column D minus Column H	
Line 18: Column D minus Column H	
Line 24: Column D minus Column H	
Line 24A: Column D minus Column H	
TOTAL STATE SHARE SD/MC COST	1,243,680

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

FUNDING SOURCES

MH 1992 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: Tester County
County Code: 99

Legal Entity: Provider One Legal Entity No.: 00001		A	B	C	D	E	F	G	H	I	J
		Admin/ Research & Evaluation	Utilization Review	Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	Total Legal Entity
		Direct Services/MAA									
1	Gross Cost					3,215,000	31,611				3,246,611
2	Adjustments										
3	Adjusted Gross Cost					3,215,000	31,611				3,246,611
Funding Sources											
Grants											
4	SAMHSA Grants										
5	PATH Grants										
6	RWJ Grants										
7	Other Grants										
8	Total Grants Accrued										
9	Patient Fees										
10	Patient Insurance										
11	Regular/Enhanced SD/MC (FFP only)					1,444,310	10,649				1,454,959
12	Healthy Family - Fed share										
13	Medicare - Fed. Share										
14	Conservatorship Admin. Fees										
15	State General Fund-State Share					1,250,690	13,625				1,264,315
16	State General Fund-County Match										
17	SGF-Managed Care - Outpatient										
18	07-08 Rollover - Managed Care-Other										
19	EPSDT SD/MC - State Share Est.										
20A	07-08 SGF Rollover										
20B	Other Revenue										
21	Realignment Funds/MOE					520,000					520,000
22	Prior Years MHSA										
23	MHSA						7,337				7,337
24	County Overmatch										
25	CALWORKS										
26	Total Funding Sources					3,215,000	31,611				3,246,611

CROSSCHECKS

OK

OK

OK MH1979 SDMC MATCH
OK MH1979 HF MATCH

OK

EDIT CHECKS

Line 3 = Line 24? OK
Amt. to Balance to Line 3: 0 OK 0 OK 0 OK 0 OK 0 OK 0 OK 0 OK 0 OK 0

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DONE!

APPENDIX C

Sample Detail Cost Report (Contract Provider LE Non- Medi-Cal)

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT
 INFORMATION SHEET
 MH1900_INFO (Rev. 11/09)

FISCAL YEAR 2008 - 2009

SECTION I: ALL LEGAL ENTITIES:*All Legal Entities are to complete Section I.*

Name of Preparer:	Tester
Date:	12/31/2009
Legal Entity Name:	Provider Two
Legal Entity Number:	00002
County:	Tester County
County Code:	99
Is this a County Legal Entity Report? (Y or N)	No ▼
Are you reporting SD/MC? (Y or N)	No ▼

[HOME](#)[MH1901_Schedule_A >>](#)**SECTION II: COUNTY LEGAL ENTITY ONLY:***Only County Legal Entities are to Complete Section II.*

Address:	
Phone Number:	
County Population: Over 125,000? (Y or N):	Yes ▼

*Contract Provider Medi-Cal Direct Service Gross Reimbursement
 (Used to populate MH1979 Line 2)*

Inpatient Services	
Outpatient Services	

*Contract Provider Healthy Families Direct Service Gross
 Reimbursement (Used to populate MH1979 Line 7)*

Inpatient Services	
Outpatient Services	

Total State Share of SD/MC Cost:	
----------------------------------	--

*Fee For Service - Mental Health Specialty
 Provider Numbers For Individual and Group*

Mode&SF -->

Legal Entity Number (FFS):	
Psychiatrist:	
Psychologist:	
Mixed Specialty Group:	
RN:	
LCSW:	
MFCC (MFT):	

*Adjust Medi-Cal FFP Due to Contract Limitation
 (Used to populate MH1979 Line 22J)*

Mode 05 - Hospital Inpatient Services	
Mode 05 - Other 24 Hour Services	
Mode 10 - Day Services	
Mode 15 - Outpatient Services	
Contract Limitation Adjustment Total	\$ -

[HOME](#)[MH1901_Schedule_A_1 >>](#)

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES

MH 1901 SCHEDULE A_1 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: Provider TwoEntity Number: 00002Fiscal Year: 2008 - 2009

07/01/08 - 12/31/08

	A	B	C	D	E	F	G
	MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON MIC CONTRACT RATE	RATE FOR ALLOCATION
A. 24 - HOUR SERVICES							
1 Hospital Inpatient	05	10 - 18	\$1,084.24				\$0.00
2 Hospital Administrative Day	05	19	\$348.45				\$0.00
3 Psychiatric Health Facility (PHF)	05	20 - 29	\$570.91				\$0.00
4 SNF Intensive	05	30 - 34					\$0.00
5 IMD Basic (No Patch)	05	35					\$0.00
6 IMD (With Patch)	05	36 - 39					\$0.00
7 Adult Crisis Residential	05	40 - 49	\$321.94				\$0.00
8 Jail Inpatient	05	50 - 59					\$0.00
9 Residential Other	05	60 - 64					\$0.00
10 Adult Residential	05	65 - 79	\$157.03				\$0.00
11 Semi - Supervised Living	05	80 - 84					\$0.00
12 Independent Living	05	85 - 89					\$0.00
13 MH Rehab Centers	05	90 - 94					\$0.00
B. DAY SERVICES							
14 Crisis Stabilization Emergency Room	10	20 - 24	\$94.54				\$0.00
15 Urgent Care	10	25 - 29	\$94.54				\$0.00
16 Vocational Services	10	30 - 39					\$0.00
17 Socialization	10	40 - 49					\$0.00
18 SNF Augmentation	10	60 - 69					\$0.00
19 Day Treatment Intensive Half Day	10	81 - 84	\$144.13				\$0.00
20 Full Day	10	85 - 89	\$202.43				\$0.00
21 Day Rehabilitation Half Day	10	91 - 94	\$84.08				\$0.00
22 Full Day	10	95 - 99	\$131.24				\$0.00
C. OUTPATIENT SERVICES							
23 Case Management, Brokerage	15	01 - 09	\$2.02				\$0.00
24 Mental Health Services	15	10 - 19	\$2.61				\$0.00
25 Mental Health Services	15	30 - 59	\$2.61				\$0.00
26 Medication Support	15	60 - 69	\$4.82				\$0.00
27 Crisis Intervention	15	70 - 79	\$3.88				\$0.00
D. OUTREACH SERVICES							
28 Mental Health Promotion	45	10 - 19					\$0.00
29 Community Client Services	45	20 - 29					\$0.00
E. MEDI-CAL ADMINISTRATIVE ACTIVITIES							
30 Medi-Cal Outreach	55	01 - 03					
31 Medi-Cal Eligibility Intake	55	04 - 06		Quarter 1			
32 Medi-Cal Contract Administration	55	07 - 08		Quarter 2			
33 MAA Coordination and Claims Administration	55	09		Quarter 3			
34 Referral - Crisis, Non-Open Case	55	11 - 13		Quarter 4			
35 MH Services Contract Administration	55	14 - 16		Average			
36 Discounted Mental Health Outreach	55	17 - 19					
37 SPMP Case Management, Non-Open Case	55	21 - 23					
38 SPMP Program Planning and Development	55	24 - 26					
39 SPMP MAA Training	55	27 - 29					
40 Non-SPMP Case Management, Non-Open Case	55	31 - 34					
41 Non-SPMP Program Planning and Development	55	35 - 39					
F. SUPPORT SERVICES							
42 Conservatorship Investigation	60	20 - 29					\$0.00
43 Administration	60	30 - 39					\$0.00
44 Life Support/Board & Care	60	40 - 49					\$0.00
45 Case Management Support	60	60 - 69					\$0.00
46 Client Housing Support Expenditures	60	70					\$0.00
47 Client Housing Operating Expenditures	60	71					\$0.00
48 Client Flexible Support Expenditures	60	72					\$0.00
49 Non Medi-Cal Capital Assets	60	75					\$0.00
50 Other Non Medi-Cal Client Support Expenditures	60	78					\$0.00

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<< MH1900_INFO

MH1901_Schedule_A_2 >>

MH1901_Schedule_B_1 >>

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES

MH 1901 SCHEDULE A_2 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: Provider Two

Entity Number: 00002

Fiscal Year: 2008 - 2009

01/01/09 - 06/30/09

	A	B	C	D	E	F	G
SERVICE FUNCTION	MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
A. 24 - HOUR SERVICES							
1 Hospital Inpatient	05	10 - 18	\$1,084.24				
2 Hospital Administrative Day	05	19	\$348.45				\$0.00
3 Psychiatric Health Facility (PHF)	05	20 - 29	\$570.91				\$0.00
4 SNF Intensive	05	30 - 34					\$0.00
5 IMD Basic (No Patch)	05	35					\$0.00
6 IMD (With Patch)	05	36 - 39					\$0.00
7 Adult Crisis Residential	05	40 - 49	\$321.94				\$0.00
8 Jail Inpatient	05	50 - 59					\$0.00
9 Residential Other	05	60 - 64					\$0.00
10 Adult Residential	05	65 - 79	\$157.03				\$0.00
11 Semi - Supervised Living	05	80 - 84					\$0.00
12 Independent Living	05	85 - 89					\$0.00
13 MH Rehab Centers	05	90 - 94					\$0.00
B. DAY SERVICES							
14 Crisis Stabilization Emergency Room	10	20 - 24	\$94.54				\$0.00
15 Urgent Care	10	25 - 29	\$94.54				\$0.00
16 Vocational Services	10	30 - 39					\$0.00
17 Socialization	10	40 - 49					\$0.00
18 SNF Augmentation	10	60 - 69					\$0.00
19 Day Treatment Intensive Half Day	10	81 - 84	\$144.13				\$0.00
20 Full Day	10	85 - 89	\$202.43				\$0.00
21 Day Rehabilitation Half Day	10	91 - 94	\$84.08				\$0.00
22 Full Day	10	95 - 99	\$131.24				\$0.00
C. OUTPATIENT SERVICES							
23 Case Management, Brokerage	15	01 - 09	\$2.02				\$0.00
24 Mental Health Services	15	10 - 19	\$2.61				\$0.00
25 Mental Health Services	15	30 - 59	\$2.61				\$0.00
26 Medication Support	15	60 - 69	\$4.82				\$0.00
27 Crisis Intervention	15	70 - 79	\$3.88				\$0.00
D. OUTREACH SERVICES							
28 Mental Health Promotion	45	10 - 19					\$0.00
29 Community Client Services	45	20 - 29					\$0.00
E. MEDI-CAL ADMINISTRATIVE ACTIVITIES				MEDI-CAL ELIGIBILITY FACTOR			
30 Medi-Cal Outreach	55	01 - 03					
31 Medi-Cal Eligibility Intake	55	04 - 06		Quarter 1			
32 Medi-Cal Contract Administration	55	07 - 08		Quarter 2			
33 MAA Coordination and Claims Administration	55	09		Quarter 3			
34 Referral - Crisis, Non-Open Case	55	11 - 13		Quarter 4			
35 MH Services Contract Administration	55	14 - 16		Average			
36 Discounted Mental Health Outreach	55	17 - 19					
37 SPMP Case Management, Non-Open Case	55	21 - 23					
38 SPMP Program Planning and Development	55	24 - 26					
39 SPMP MAA Training	55	27 - 29					
40 Non-SPMP Case Management, Non-Open Case	55	31 - 34					
41 Non-SPMP Program Planning and Development	55	35 - 39					
F. SUPPORT SERVICES							
42 Conservatorship Investigation	60	20 - 29					\$0.00
43 Administration	60	30 - 39					\$0.00
44 Life Support/Board & Care	60	40 - 49					\$0.00
45 Case Management Support	60	60 - 69					\$0.00
46 Client Housing Support Expenditures	60	70					\$0.00
47 Client Housing Operating Expenditures	60	71					\$0.00
48 Client Flexible Support Expenditures	60	72					\$0.00
49 Non Medi-Cal Capital Assets	60	75					\$0.00
50 Other Non Medi-Cal Client Support Expenditures	60	78					\$0.00

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State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B_1 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: Provider TwoEntity Number: 00002Fiscal Year: 2008 - 2009**07/01/08 09/30/08**

Settlement	CR - Cost Reimbursement	MAA - Medi-Cal Administrative Activities
Types	NR - Negotiated Rate	MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
				SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		
Settlement Type	Mode	SF	Total Units of Service	Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	Revenue	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	Non Medi-Cal Units
1	CR	10	85	115											115
2	CR	15	10	40											40
3	CR	15	30	25											25
4	CR	15	60	10											10
5															
6															
7															
8															
9															
10															
83															
84															
Totals			190												190

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MH1961 >>
MEDI-CAL
ADJUSTMENTS TO
COSTS

MH1962 >>
OTHER COSTS

MH1963 >>
PAYMENT TO
CONTRACT PROVIDERS

MH1960 >>
CALCULATION OF
PROGRAM COSTS

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B_2 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: Provider TwoEntity Number: 00002Fiscal Year: 2008 - 2009**10/01/08 - 12/31/08**

Settlement Types	CR - Cost Reimbursement	MAA - Medi-Cal Administrative Activities
	NR - Negotiated Rate	MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
				SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		
Settlement Type	Mode	SF	Total Units of Service	Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	REVENUE	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	Non Medi-Cal Units
1	CR	10	85	16											16
2	CR	15	10	25											25
3	CR	15	30	51											51
4	CR	15	60	2											2
5															
6															
7															
8															
9															
10															
83															
84															
Totals			94												94

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MEDI-CAL
ADJUSTMENTS TO
COSTS

MH1962 >>
OTHER COSTS

MH1963 >>
PAYMENT TO
CONTRACT PROVIDERS

MH1960 >>
CALCULATION OF
PROGRAM COSTS

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B_3(Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: Provider TwoEntity Number: 00002Fiscal Year: 2008 - 2009**01/01/09 - 06/30/09**

Settlement Types	CR - Cost Reimbursement	MAA - Medi-Cal Administrative Activities
		MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
				SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		
Settlement Type	Mode	SF	Total Units of Service	Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	REVENUE	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	Non Medi-Cal Units
1	CR	10	85	15											15
2	CR	15	10	12											12
3	CR	15	30	16											16
4	CR	15	60	36											36
5															
6															
7															
8															
9															
10															
83															
84															
Totals			79												79

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MH1961 >>
MEDI-CAL
ADJUSTMENTS TO
COSTS

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MH1963 >>
PAYMENT TO
CONTRACT PROVIDERS

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CALCULATION OF
PROGRAM COSTS

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DETAIL COST REPORT

**SUPPORTING DOCUMENTATION FOR THE METHOD USED TO ALLOCATE
TOTALS TO MODE OF SERVICE & SERVICE FUNCTION**

MH 1901 SCHEDULE C (Rev. 11/09)

FISCAL YEAR 2008 - 2009

Entity Name: Provider TwoEntity Number: 00002Fiscal Year: 2008 - 2009

Allocation

☐ Rate for Allocation ☐ SMA Rate

☐ Published Charges ☒ Directly Allocated

COSTS TO BE ALLOCATED

Allowable Mode Costs (MH1960 Line 18, Col. C)	22,649
--	---------------

	A	B	C	D	E	F	G	H	I
	Settlement Type	Mode	SF	Total Units	Eligible Direct Cost	Allocation Basis	Relative Value	Allocation %	Allocated Cost
1.1	CR	10	85	115		17,250			17,250
1.2	CR	10	85	16		2,400			2,400
1.3	CR	10	85	15		2,250			2,250
2.1	CR	15	10	40		100			100
2.2	CR	15	10	25		62			62
2.3	CR	15	10	12		30			30
3.1	CR	15	30	25		63			63
3.2	CR	15	30	51		214			214
3.3	CR	15	30	16		78			78
4.1	CR	15	60	10		42			42
4.2	CR	15	60	2		9			9
4.3	CR	15	60	36		151			151
5.1				-					
5.2				-					
5.3				-					
84.1				-					
84.2				-					
84.3				-					
Totals				363		22,649	-	0%	22,649

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Summary

Mode	Allocated Cost	Allocated %	Settlement Type	Allocated Cost
5 10-19		0.00%	TBS	
5 Other		0.00%	ASO	
10	21,900	96.69%	MHS	
15 Program_1	749	3.31%		
45		0.00%	Total	
55		0.00%		
60		0.00%		
Total	22,649	100.00%		

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

CALCULATION OF PROGRAM COSTS

MH 1960 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: Tester County
County Code: 99

Legal Entity: Provider Two		A	B	C
Legal Entity Number: 00002		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	22,649		22,649
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments from MH 1962			
5	Total Costs Before Medi-Cal Adjustments	22,649		22,649
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			22,649
	Administrative Costs (County Only)			
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			22,649
19	Total Costs - Lines 9 through 18			22,649

Crosscheck
22,649 **OK**

22,649 **OK**

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State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO MODES OF SERVICE

MH 1964 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: Tester County
 County Code: 99

Legal Entity: Provider Two		A
Legal Entity Number: 00002		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	22,649
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	21,900
5	Outpatient Services (Mode 15 Program 1 + Program 2)	749
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	22,649

Crosscheck
OK

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State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE

FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 11/09)

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FISCAL YEAR 2008 - 2009

County: Tester County County Code: 99 Legal Entity: Provider Two Legal Entity Number: 00002 Mode: 15 - Outpatient Services (Program 1)			A	CR	CR	CR	CR	CR	CR	CR	CR	CR
			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
				10	10	10	30	30	30	60	60	60
1	Allocation Percentage		100.00%	13.35%	8.28%	4.01%	8.41%	28.57%	10.41%	5.61%	1.20%	20.16%
2	Total Units			40	25	12	25	51	16	10	2	36
3	Gross Cost		749	100	62	30	63	214	78	42	9	151
4	Cost per Unit			2.50	2.48	2.50	2.52	4.20	4.88	4.20	4.50	4.19
5	SMA per Unit			2.61	2.61	2.61	2.61	2.61	2.61	4.82	4.82	4.82
6	Published Charge per Unit											
7	Negotiated Rate / Cost per Unit											
8.1	Medi-Cal Units	07/01/08 - 09/30/08										
8.2		10/01/08 - 12/31/08										
8.3		01/01/09 - 06/30/09										
9.1	Medicare/Medi-Cal Crossover Units	07/01/08 - 09/30/08										
9.2		10/01/08 - 12/31/08										
9.3		01/01/09 - 06/30/09										
10.1	Enhanced SD/MC (Children) Units	07/01/08 - 09/30/08										
10.2		10/01/08 - 12/31/08										
10.3		01/01/09 - 06/30/09										
11	Enhanced SD/MC (Refugees) Units	07/01/08 - 06/30/09										
11.1		07/01/08 - 09/30/08										
11.2		10/01/08 - 12/31/08										
11.3	Healthy Families (SED) Units	01/01/09 - 06/30/09										
12	Non-Medi-Cal Units			40	25	12	25	51	16	10	2	36
13.1	Medi-Cal Costs	07/01/08 - 09/30/08										
13.2		10/01/08 - 12/31/08										
13.3		01/01/09 - 06/30/09										
14.1	Medi-Cal SMA Upper Limits	07/01/08 - 09/30/08										
14.2		10/01/08 - 12/31/08										
14.3		01/01/09 - 06/30/09										
15.1	Medi-Cal Published Charges	07/01/08 - 09/30/08										
15.2		10/01/08 - 12/31/08										
15.3		01/01/09 - 06/30/09										
16.1	Medi-Cal Negotiated Rates	07/01/08 - 09/30/08										
16.2		10/01/08 - 12/31/08										
16.3		01/01/09 - 06/30/09										
17.1	Medicare/Medi-Cal Crossover Costs	07/01/08 - 09/30/08										
17.2		10/01/08 - 12/31/08										
17.3		01/01/09 - 06/30/09										
18.1	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/08 - 09/30/08										
18.2		10/01/08 - 12/31/08										
18.3		01/01/09 - 06/30/09										
19.1	Medicare/Medi-Cal Crossover Published Charges	07/01/08 - 09/30/08										
19.2		10/01/08 - 12/31/08										
19.3		01/01/09 - 06/30/09										
20.1	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/08 - 09/30/08										
20.2		10/01/08 - 12/31/08										
20.3		01/01/09 - 06/30/09										
21.1	Enhanced SD/MC (Children) Costs	07/01/08 - 09/30/08										
21.2		10/01/08 - 12/31/08										
21.3		01/01/09 - 06/30/09										
22.1	Enhanced SD/MC (Children) SMA Upper Limits	07/01/08 - 09/30/08										
22.2		10/01/08 - 12/31/08										
22.3		01/01/09 - 06/30/09										
23.1	Enhanced SD/MC (Children) Published Charges	07/01/08 - 09/30/08										
23.2		10/01/08 - 12/31/08										
23.3		01/01/09 - 06/30/09										
24.1	Enhanced SD/MC (Children) Negotiated Rates	07/01/08 - 09/30/08										
24.2		10/01/08 - 12/31/08										
24.3		01/01/09 - 06/30/09										
25	Enhanced SD/MC (Refugees) Costs	07/01/08 - 06/30/09										
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/08 - 06/30/09										
27	Enhanced SD/MC (Refugees) Published Charges	07/01/08 - 06/30/09										
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/08 - 06/30/09										
29.1	Healthy Families Costs	07/01/08 - 09/30/08										
29.2		10/01/08 - 12/31/08										
29.3		01/01/09 - 06/30/09										
30.1	Healthy Families SMA Upper Limits	07/01/08 - 09/30/08										
30.2		10/01/08 - 12/31/08										
30.3		01/01/09 - 06/30/09										
31.1	Healthy Families Published Charges	07/01/08 - 09/30/08										
31.2		10/01/08 - 12/31/08										
31.3		01/01/09 - 06/30/09										
32.1	Healthy Families Negotiated Rates	07/01/08 - 09/30/08										
32.2		10/01/08 - 12/31/08										
32.3		01/01/09 - 06/30/09										
33	Non-Medi-Cal Costs		749	100	62	30	63	214	78	42	9	151

State of California Health and Human Services Agency
 DETAIL COST REPORT
**ALLOCATION OF COSTS TO SERVICE
 FUNCTIONS - MODE TOTAL**
 MH 1966 (Rev. 11/09)

Department of Mental Health

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 FISCAL YEAR 2008 - 2009

County: Tester County County Code: 99 Legal Entity: Provider Two Legal Entity Number: 00002 Mode: 10 - Day Services			A	CR B Service Function	CR C Service Function	CR D Service Function	E Service Function	F Service Function	G Service Function
Mode Total			Mode Total	85	85	85			
1	Allocation Percentage		100.00%	78.77%	10.96%	10.27%			
2	Total Units			115	16	15			
3	Gross Cost		21,900	17,250	2,400	2,250			
4	Cost per Unit			150.00	150.00	150.00			
5	SMA per Unit			202.43	202.43	202.43			
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8 1	Medi-Cal Units	07/01/08 - 09/30/08							
8 2		10/01/08 - 12/31/08							
8 3		01/01/09 - 06/30/09							
9 1	Medicare/Medi-Cal Crossover Units	07/01/08 - 09/30/08							
9 2		10/01/08 - 12/31/08							
9 3		01/01/09 - 06/30/09							
10 1	Enhanced SD/MC (Children) Units	07/01/08 - 09/30/08							
10 2		10/01/08 - 12/31/08							
10 3		01/01/09 - 06/30/09							
11 1	Enhanced SD/MC (Refugees) Units	07/01/08 - 09/30/08							
11 2		10/01/08 - 12/31/08							
11 3		01/01/09 - 06/30/09							
12	Non-Medi-Cal Units			115	16	15			
13 1	Medi-Cal Costs	07/01/08 - 09/30/08							
13 2		10/01/08 - 12/31/08							
13 3		01/01/09 - 06/30/09							
14 1	Medi-Cal SMA Upper Limits	07/01/08 - 09/30/08							
14 2		10/01/08 - 12/31/08							
14 3		01/01/09 - 06/30/09							
15 1	Medi-Cal Published Charges	07/01/08 - 09/30/08							
15 2		10/01/08 - 12/31/08							
15 3		01/01/09 - 06/30/09							
16 1	Medi-Cal Negotiated Rates	07/01/08 - 09/30/08							
16 2		10/01/08 - 12/31/08							
16 3		01/01/09 - 06/30/09							
17 1	Medicare/Medi-Cal Crossover Costs	07/01/08 - 09/30/08							
17 2		10/01/08 - 12/31/08							
17 3		01/01/09 - 06/30/09							
18 1	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/08 - 09/30/08							
18 2		10/01/08 - 12/31/08							
18 3		01/01/09 - 06/30/09							
19 1	Medicare/Medi-Cal Crossover Published Charges	07/01/08 - 09/30/08							
19 2		10/01/08 - 12/31/08							
19 3		01/01/09 - 06/30/09							
20 1	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/08 - 09/30/08							
20 2		10/01/08 - 12/31/08							
20 3		01/01/09 - 06/30/09							
21 1	Enhanced SD/MC (Children) Costs	07/01/08 - 09/30/08							
21 2		10/01/08 - 12/31/08							
21 3		01/01/09 - 06/30/09							
22 1	Enhanced SD/MC (Children) SMA Upper Limits	07/01/08 - 09/30/08							
22 2		10/01/08 - 12/31/08							
22 3		01/01/09 - 06/30/09							
23 1	Enhanced SD/MC (Children) Published Charges	07/01/08 - 09/30/08							
23 2		10/01/08 - 12/31/08							
23 3		01/01/09 - 06/30/09							
24 1	Enhanced SD/MC (Children) Negotiated Rates	07/01/08 - 09/30/08							
24 2		10/01/08 - 12/31/08							
24 3		01/01/09 - 06/30/09							
25	Enhanced SD/MC (Refugees) Costs	07/01/08 - 06/30/09							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/08 - 06/30/09							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/08 - 06/30/09							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/08 - 06/30/09							
29 1	Healthy Families Costs	07/01/08 - 09/30/08							
29 2		10/01/08 - 12/31/08							
29 3		01/01/09 - 06/30/09							
30 1	Healthy Families SMA Upper Limits	07/01/08 - 09/30/08							
30 2		10/01/08 - 12/31/08							
30 3		01/01/09 - 06/30/09							
31 1	Healthy Families Published Charges	07/01/08 - 09/30/08							
31 2		10/01/08 - 12/31/08							
31 3		01/01/09 - 06/30/09							
32 1	Healthy Families Negotiated Rates	07/01/08 - 09/30/08							
32 2		10/01/08 - 12/31/08							
32 3		01/01/09 - 06/30/09							
33	Non-Medi-Cal Costs		21,900	17,250	2,400	2,250			

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

FUNDING SOURCES

MH 1992 (Rev. 11/09)

FISCAL YEAR 2008 - 2009

County: Tester County

County Code: 99

Legal Entity: Provider Two		A	B	C	D	E	F	G	H	I	J
Legal Entity No.: 00002		Admin./ Research & Evaluation	Utilization Review	Direct Services/MAA							Total Legal Entity
				Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	
1	Gross Cost					21,900	749				22,649
2	Adjustments										
3	Adjusted Gross Cost					21,900	749				22,649
	Funding Sources										
	Grants										
4	SAMHSA Grants										
5	PATH Grants										
6	RWJ Grants										
7	Other Grants										
8	Total Grants Accrued										
9	Patient Fees										
10	Patient Insurance										
11	Regular/Enhanced SD/MC (FFP only)										
12	Healthy Family - Fed share										
13	Medicare - Fed. Share										
14	Conservatorship Admin. Fees										
15	State General Fund-State Share					11,900					11,900
16	State General Fund-County Match										
17	SGF-Managed Care - Outpatient										
18	07-08 Rollover - Managed Care-Other										
19	EPSDT SD/MC - State Share Est.										
20A	07-08 SGF Rollover										
20B	Other Revenue										
21	Realignment Funds/MOE					10,000					10,000
22	Prior Years MHSA										
23	MHSA						749				749
24	County Overmatch										
25	CALWORKS										
26	Total Funding Sources					21,900	749				22,649

CROSSCHECKS

OK

OK

OK MH1979 SDMC MATCH
OK MH1979 HF MATCH

OK

EDIT CHECKS

Line 3 = Line 24? OK OK OK OK OK OK OK OK OK OK OK

Amt. to Balance to Line 3: 0 0 0 0 0 0 0 0 0 0 0

HOME

<< MH1992_INST

DONE!

APPENDIX D

Sample Summary Cost Report (County Only)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 INFORMATION SHEET
 MH 1900 (11/09)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2008-2009

Name of Preparer:	Testor	County Population: Over 125,000? (Y or N): <input type="button" value="v"/>
Date Completed:	12/31/2009	
County:	Test County	
County Code:	99	
Address:	1600 9th Street	
	Sacramento CA 95814	
Phone Number:	916-999-9999	

Summary_Flow	Compute_Summary	MH1908 >>
------------------------------	---------------------------------	---------------------------------

List of Legal Entities

Legal Entity Name	Legal Entity Number	File Found?	Data Extracted?
Provider One	00001	YES	YES
Provider Two	00002	YES	YES
Test County MH Services	00099	YES	YES

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
SUPPLEMENTAL STATE RESOURCE DATA
MH 1908 (11/09)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2008-2009

County: Test County
County Code: 99

PROGRAM	FINAL ALLOCATION
Community Services - Other Treatment	
Adult System of Care	
Children's Mental Health Services	
Community Services: Other Treatment for Mental Health Managed Care	\$9,580,000
<i>Managed Care Subset</i>	
Mental Health Services AB 3632	\$50,000
TOTAL COMMUNITY SERVICES	\$9,630,000

PROGRAM DATA BY FUND SOURCES	FINAL ALLOCATION	PRIOR YEAR ROLLOVER ALLOCATION
4440-101-0001 (1) Community Services - Other Treatment		
4440-101-0001 Adult System of Care		
4440-101-0001 (1.5) Children's Mental Health Services		
4440-103-0001 Community Services - Other Treatment for Mental Health Managed Care	\$9,580,000	
<i>Managed Care Subset</i>		
4440-104-0001 Mental Health Services AB 3632	\$50,000	
TOTAL FUND SOURCES	\$9,630,000	\$0



Please complete
MH1909_AB_3632

Summary_Flow

Fiscal Year 2008-2009

Column K Total \$

Footnotes:

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
SUPPLEMENTAL COST REPORT DATA BY PROGRAM CATEGORY
MH 1909_SUM (11/09)**

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2008-2009

	Column F Total State Share of Net Cost	Column G Total Medi-Cal/ State Share	Column H Total State General Fund Total	Column I Total County Matching Funds	Column J Total Medi-Cal FFP Share	Column K Total Other Fund Sources
MH1909_ASOC	\$	\$	\$	\$	\$	\$
MH1909_ASOC_ROLL	\$	\$	\$	\$	\$	\$
MH1909_CSOC	\$	\$	\$	\$	\$	\$
MH1909_CSOC_ROLL	\$	\$	\$	\$	\$	\$
MH1909_AB_3632	\$ 33,350	\$ 16,650	\$ 50,000	\$	\$ 25,000	\$
MH1909_AB_3632_ROLL	\$	\$	\$	\$	\$	\$
MH1909_CSRV	\$	\$	\$	\$	\$	\$
MH1909_CSRV_ROLL	\$	\$	\$	\$	\$	\$
Total No Rolls	\$ 33,350	\$ 16,650	\$ 50,000	\$	\$ 25,000	\$
Total Rolls	\$	\$	\$	\$	\$	\$
Grand Total	\$ 33,350	\$ 16,650	\$ 50,000	\$	\$ 25,000	\$

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

SUMMARY COST REPORT

DEPARTMENT OF MENTAL HEALTH

DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT
MH 1968_SUM (11/09)

Fiscal Year 2008-2009

County: Test County
County Code: 99

Legal Entity			All Reporting Legal Entities			A	B	C	D	E	F	G	H	I	J	K
Legal Entity Number							Mode 55		Total MAA	Total Inpatient Mode 05 Hospital Inpatient Services	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Outpatient Services Program (2)	Total Outpatient (Col I + Col J)
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29											
1	1	Medi-Cal Costs	07/01/08 - 12/31/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09					64,286		1,785,000	74,419	1,859,419		1,859,419
1	2		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09					130,000		1,300,000	117,970	1,417,970		1,417,970
1	3		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09					3,790		9,750	1,543,750	1,553,500		1,553,500
2	1	Medi-Cal SMA	07/01/08 - 12/31/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09					162,636		2,443,341	38,946	2,482,287		2,482,287
2	2		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09					109,424		1,328,028	16,663	1,344,691		1,344,691
2	3		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09					27,106		18,908	8,216	27,124		27,124
3	1	Medi-Cal P. C.	07/01/08 - 12/31/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09					180,000		1,813,800	37,052	1,850,852		1,850,852
3	2		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09					120,000		1,010,400	15,605	1,026,005		1,026,005
3	3		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09					30,000		18,400	7,380	25,780		25,780
4	1	Medi-Cal N. R.	07/01/08 - 12/31/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09					150,000						
4	2		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09					100,000						
4	3		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09					3,790						
5	1	Medi-Cal Gross Reimbursement	07/01/08 - 12/31/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09					150,000		1,793,800	37,051	1,830,851		1,830,851
5	2		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09					100,000		1,010,400	14,980	1,025,380		1,025,380
5	3		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09					3,790		18,400	7,380	25,780		25,780
6	1	Medicare/Medi-Cal Crossover Cost	07/01/08 - 12/31/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09							2,000		2,000		2,000
6	2		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
6	3		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09							4,875		4,875		4,875
7	1	Medicare/Medi-Cal Crossover SMA	07/01/08 - 12/31/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09							5,672		5,672		5,672
7	2		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
7	3		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09							9,454		9,454		9,454
8	1	Medicare/Medi-Cal Crossover P. C.	07/01/08 - 12/31/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09							5,520		5,520		5,520
8	2		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
8	3		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09							9,200		9,200		9,200
9	1	Medicare/Medi-Cal Crossover N. R.	07/01/08 - 12/31/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
9	2		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
9	3		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
10	1	Medicare/Medi-Cal Crossover Gross Reim.	07/01/08 - 12/31/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09							5,520		5,520		5,520
10	2		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
10	3		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09							9,200		9,200		9,200
11	1	Total SD/MC + Crossover Gross Reim.	07/01/08 - 12/31/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09					150,000		1,799,320	37,051	1,836,371		1,836,371
11	2		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09					100,000		1,010,400	14,980	1,025,380		1,025,380
11	3		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09					3,790		27,600	7,380	34,980		34,980
12	1	Enhanced SD/MC (Children) Cost	07/01/08 - 12/31/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09							1,667		1,667		1,667
12	2		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
12	3		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09							2,438		2,438		2,438
13	1	Enhanced SD/MC (Children) SMA	07/01/08 - 12/31/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09							4,727		4,727		4,727
13	2		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
13	3		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09							4,727		4,727		4,727
14	1	Enhanced SD/MC (Children) P. C.	07/01/08 - 12/31/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09							4,600		4,600		4,600
14	2		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
14	3		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09							4,600		4,600		4,600
15	1	Enhanced SD/MC (Children) N. R.	07/01/08 - 12/31/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
15	2		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
15	3		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
16	1	Enhanced SD/MC (Children) Gross Reim.	07/01/08 - 12/31/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09							4,600		4,600		4,600
16	2		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
16	3		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09							4,600		4,600		4,600
17	1	Enhanced SD/MC (Refugees) Cost	07/01/07 - 06/30/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
17	2	Enhanced SD/MC (Refugees) SMA	07/01/07 - 06/30/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
18	1	Enhanced SD/MC (Refugees) P. C.	07/01/07 - 06/30/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
19	1	Enhanced SD/MC (Refugees) N. R.	07/01/07 - 06/30/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
20	1	Enhanced SD/MC (Refugees) N. R.	07/01/07 - 06/30/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
21	1	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/08 - 12/31/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09					150,000		1,803,920	37,051	1,840,971		1,840,971
21	2		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09					100,000		1,010,400	14,980	1,025,380		1,025,380
21	3		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09					3,790		32,200	7,380	39,580		39,580
22	1	Enhanced SD/MC (Refugees) Gross Reim.	07/01/07 - 06/30/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
23	1	Healthy Families Cost	07/01/08 - 12/31/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09								2,000	2,000		2,000
23	2		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09								30,000	30,000		30,000
23	3		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
24	1	Healthy Families SMA	07/01/08 - 12/31/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09								202	202		202
24	2		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09								261	261		261
24	3		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
25	1	Healthy Families P. C.	07/01/08 - 12/31/08	01/01/09 - 06/30/09	01/01/09 - 06/30/09								189	189		189
25	2		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09								225	225		225
25	3		01/01/09 - 06/30/09	01/01/09 - 06/30/09	01/01/09 - 06/30/09											
26	1	Healthy Families N. R.	07/01/08 - 12/31/2													

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

SUMMARY COST REPORT

DEPARTMENT OF MENTAL HEALTH

SUMMARY SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979_SUM (11/09)

Fiscal Year 2008-2009

County: Test County County Code: 99											
Legal Entity		A	B	C	D	E	F	G	H	I	J
All Reporting Legal Entities											
Legal Entity Number		Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	50% FFP	50% FFP	Variable % FFP	75% FFP	Total FFP
	SD/MC Administrative Reimbursement (County Only)										
1	County SD/MC Direct Service Gross Reimbursement		253,790	180,043	433,833						
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement										
3	Total Medi-Cal Direct Service Gross Reimbursement				433,833						
4	Medi-Cal Administrative Reimbursement Limit				65,075						
5	Medi-Cal Administration				10,778,870						
6	Medi-Cal Administrative Reimbursement				65,075	32,537					32,537
	Healthy Families Administrative Reimbursement (County Only)										
7	County Healthy Families Direct Service Gross Reimbursement			414	414						
7A	Contract Providers Healthy Families Direct Service Gross Reim.										
7B	Total Healthy Families Direct Service Gross Reimbursement				414						
8	Healthy Families Administrative Reimbursement Limit				41						
9	Healthy Families Administration				560,000						
10	Healthy Families Administrative Reimbursement				41				27		27
	SD/MC Net Reimbursement for MAA										
11	Medi-Cal Admin. Activities Svc Functions 01 - 09										
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)				146,800					110,100	110,100
15	Other SD/MC Utilization Review (County Only)										
16A	SD/MC Net Reimbursement for Direct Services	07/01/08 - 12/31/08	150,000	1,834,871	1,984,871		992,436				992,436
16B		01/01/09 - 06/30/09	103,790	1,971,830	2,075,620			1,278,374			1,278,374
17A	Enhanced SD/MC Net Reimb. (Children)	07/01/08 - 12/31/08		4,600	4,600				2,990		2,990
17B		01/01/09 - 06/30/09		4,600	4,600				2,990		2,990
18	Enhanced SD/MC Net Reimb. (Refugees)										
19	Total SD/MC Reimbursement Before Excess FFP										2,419,427
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC		85,714		85,714						21,429
21	Total SD/MC Reimbursement (FFP)										2,397,999
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										2,397,999
24A	Healthy Families Net Reimbursement	07/01/08 - 12/31/08		189	189				123		123
24B		01/01/09 - 06/30/09		225	225				146		146
25	Total Healthy Families Reimbursement Before Excess FFP										296
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										296

STATE SHARE OF SD/MC COST

Line 6: Column D minus Column E	32,537
Line 10: Column D minus Column H	14
Line 11: Column D minus Column E	
Line 12: Column D minus Column E	
Line 13: Column D minus Column I	
Line 14: Column D minus Column I	36,700
Line 15: Column D minus Column E	
Line 16: Column D minus Column F	992,436
Line 16A: Column D minus Column G	797,246
Line 17: Column D minus Column H	1,610
Line 17A: Column D minus Column H	1,610
Line 18: Column D minus Column H	
Line 24: Column D minus Column H	66
Line 24A: Column D minus Column H	79
TOTAL STATE SHARE SD/MC COST	1,862,298

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

SUMMARY COST REPORT

DEPARTMENT OF MENTAL HEALTH

SUMMARY FUNDING SOURCES
MH 1992_SUM (11/09)

Fiscal Year 2008-2009

County: Test County

County Code: 99

Legal Entity: All Reporting Legal Entities		A	B	C	D	E	F	G	H	I	J	CROSSCHECKS
Legal Entity No.:		Admin / Research & Evaluation	Utilization Review	Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	Total Legal Entity	
1	Gross Cost	11,338,870	146,800	807,580		3,756,650	2,163,360				18,213,260	
2	Adjustments											
3	Adjusted Gross Cost	11,338,870	146,800	807,580		3,756,650	2,163,360				18,213,260	OK
Funding Sources												
Grants												
4	SAMHSA Grants											
5	PATH Grants											
6	RWJ Grants											
7	Other Grants											
8	Total Grants Accrued											OK
9	Patient Fees											
10	Patient Insurance											
11	Regular SD/MC (FFP only)	32,537	110,100	117,496		1,544,194	32,297				1,836,624	
12	Healthy Family - Fed share	27					269				296	
13	Medicare - Fed. Share											
14	Conservatorship Admin. Fees											
15	State General Fund-State Share	5,653,153		230,025		1,450,590	2,122,707				9,456,475	
16	State General Fund-County Match											
17	SGF-Managed Care - Outpatient											
18	07-08 Rollover - Managed Care - Outpatient											
19	EPSDT SD/MC - State Share Est.											
20A	07-08 SGF Rollover											
20B	Other Revenue		36,700	250,028		136,000					422,728	
21	Realignment Funds/MOE*	5,653,153		200,000		620,000					6,473,153	
22	Prior Years - MHSA											
23	MHSA			10,031		5,866	8,086				23,983	
24	County Overmatch											
25	CALWORKS											
26	Total Funding Sources	11,338,870	146,800	807,580		4,310,960	2,170,424				18,213,259	OK

* Realignment Funds include match for Short-Doyle/Medi-Cal FFP.

Line 3 = Line 24? OK
 Amt. to Balance to Line 3: 0 OK 0 OK 0 OK 0 OK 0 OK 1 OK 0 OK 0 OK 0 OK 1

Show / Hide SGF Managed Care (DMH Only)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

**REPORT OF MENTAL HEALTH MANAGED CARE
ALLOCATION AND EXPENDITURES
MH 1994 (11/09)**

Fiscal Year 2008-2009

COUNTY OF: Test County
COUNTY CODE: 99
DATE COMPLETED: 12/31/2009

	A
<i>FY 2007-2008 Rollover</i>	State General Fund
1) FY 2007-2008 SGF Mental Health Contingency Reserve	0
Less	
2a) FY 2007-2008 Contingency Reserve Expenditures for Inpatient Hospital Services in FY 2008-2009	
Less	
2b) FY 2007-2008 Contingency Reserve Expenditures for Outpatient Mental Health Services in FY 2008-2009	
3) Total SGF Mental Health Contingency Reserve	0
<i>FY 2008-2009 Allocation</i>	
4) FY 2008-2009 SGF Managed Care Allocation	9,580,000
Plus	
5) FY 2007-2008 SGF Mental Health Contingency Reserve Rollover Expenditures (Line 3)	0
Less	
6) FY 2008-2009 FFS/MC Expenditures Acute Inpatient Hospital Days	
Less	
7) FY 2008-2009 FFS/MC Expenditures Inpatient Hospital Administrative Days	(50,000)
Less	
8) FY 2008-2009 FFS/MC Expenditures Outpatient Mental Health Services	(3,965,000)
Less	
9) Other FY 2008-2009 State General Fund Expenditures Other Mental Health Services	(5,441,475)
Less	
10) FY 2008-2009 State General Fund Mental Health Contingency Reserve	
Total	
11) FY 2008-2009 Unexpended/Uncommitted State General Fund Balance	123,525

Summary_Flow

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

**REPORT OF MENTAL HEALTH SERVICES ACT (MHSA)
DISTRIBUTION AND EXPENDITURES
MH 1995 (11/09)**

Fiscal Year 2008-2009

COUNTY OF: Test County
COUNTY CODE: 99
DATE COMPLETED: 12/31/2009

<i>Prior Years Balance</i>		A
1) Prior Years Mental Health Services Act Balance		
Less		
2) Prior Years Mental Health Services Act Expenditures		
3) <i>Total</i> <i>Prior Years Unexpended Mental Health Services Act Balance</i>		\$

<i>FY 2008-2009 Distribution</i>		
4) FY 2008-2009 Mental Health Services Act Distribution		\$ 23,800
5) Plus: Interest Earned on Mental Health Services Act FY 2008-2009		\$ 183
6) Plus: Prior Years Unexpended Mental Health Services Act Balance (Line 3)		\$
Less		
7) FY 2008-2009 Mental Health Services Act Expenditures		
8) <i>Total</i> FY 2008-2009 Unexpended Mental Health Services Act Funding		\$ 23,983

- 4) Enter current year Mental Health Services Act Distribution.
5) Enter Interest Earned on Mental Health Services Act Distribution.
6) No entry, this line is picked up from line 3 above.
7) Enter the amount of Mental Health Services Act expenditures for the current year.
8) Unexpended Mental Health Services Act to be used for future periods.

Summary_Flow

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
YEAR-END COST REPORT
MH 1940 (11/09)**

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2008-2009

COUNTY OF: Test County

COUNTY CODE: 99

ADDRESS: 1600 9th Street
Sacramento CA 95814
0

FISCAL YEAR ENDING

JUNE 30, 2009

PREPARED BY: Testor

PHONE: 916-999-9999

Date Completed: December 31, 2009

NOTE: AMOUNTS SHOULD BE WHOLE DOLLARS	A	B	C
	STATE GENERAL FUND	M/C & HF/FED SHARE	TOTAL
1. TOTAL EXPENDITURE	\$ 13,951,167	\$ 3,350,623	\$ 18,213,260
2. LESS: REVENUE	(5,422,812)	(1,513,702)	(6,936,515)
3. SUBTOTAL	9,439,825	1,836,920	11,276,745
4. LESS: COUNTY SHARE (PER MH 1909)	(0)		(0)
5. SUBTOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	949,825	1,836,920	11,276,745
6. PLUS: SGF USED AS FFP MATCH (INCLUDED IN LINE 2, COL.2)	16,650		16,650
7. TOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	\$ 9,456,475	\$ 1,836,920	\$ 11,293,395
FUNDING SOURCES: 4440-			
8. OTHER FUNDS	0	1,811,920	\$ 1,811,920
9. 101-0001 (1) COMMUNITY SERVICES - OTHER TREATMENT	0	0	\$ 0
10. 101-0001 ADULT SYSTEM OF CARE	0	0	0
11. 101-0001 (1.5) CHILDREN'S MENTAL HEALTH SERVICES	0	0	0
12. 104-0001 MENTAL HEALTH SERVICES AB 3632	50,000	25,000	75,000
13. 103-0001 COMMUNITY SERVICES - OUTPATIENT FOR MENTAL HEALTH MANAGED CARE	9,406,475	0	9,406,475
14. GRAND TOTAL, ALL SOURCES (Must Agree with Line 7)	\$ 9,456,475	\$ 1,836,920	\$ 11,293,395
15. 103-0001 COMMUNITY SERVICES - INPATIENT FOR MENTAL HEALTH MANAGED CARE	\$ 50,000		\$ 50,000
16. EPSDT SD/MC - STATE SHARE ESTIMATE	\$ 0		\$ 0

OK

OK

Summary_Flow

OK

OK

OK

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
YEAR-END COST REPORT
MH 1940 (11/09)****DEPARTMENT OF MENTAL HEALTH****Fiscal Year 2008-2009****COUNTY CERTIFICATION**

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services and the Mental Health Services Act (MHSA) in and for said claimant; that I have not violated any of the provisions of Section 1090 et. seq. of the Government Code and that all information submitted to the Department of Mental Health (DMH) is accurate and complete. With respect to MHSA funding, I certify that the County is in compliance with California Code of Regulations, Title 9, Division 1, Chapter 14, Article 4, Section 3410, Non-Supplant and Article 5, Section 3500, Non-Supplant Certification and Reports; that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5, Section 5891 of the Welfare and Institutions Code (W&I Code). The County understands that any payment to the County resulting from this report will be paid with state and federal funds and that any falsification or concealment of material fact may be prosecuted under federal and/or state laws. I further certify that, to the best of my knowledge and belief, the information in this report is in all respects true, correct, and in accordance with the state and federal

Date: _____

Signature: _____
Local Mental Health Director

Executed at: _____, California

I CERTIFY under penalty of perjury that I am the duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts. I understand that misrepresentation of any information provided herein constitutes a violation of state and federal law. I further certify that this report is based on actual, total expenditures as necessary for claiming Federal Financial Participation pursuant to all applicable requirements of state and federal law including but not limited to Sections 430.30 and 433.51 of Title 42 Code of Federal Regulations (CFR). I understand that DMH may deny any payment if it determines that the certification is not adequately supported for purposes of claiming federal financial participation. I understand that all records of funds included in this report are subject to review and audit pursuant to Section 433.32, Title 42, CFR, by DMH, the Department of Health Care Services and/or the federal government and must be kept for a minimum of three years after the final payment is made and retained beyond the three-year period if audit findings have not been resolved.

Date: _____

Signature: _____

Title: _____
(County Auditor-Controller or City Finance Officer)

Executed at: _____, California

Date Uploaded: _____

Upload ID: _____

Upload File Name: _____

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
YEAR-END COST REPORT
MH 1940S (11/09)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2008-2009

FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY

1. County Claim for Reimbursement	_____
2. Adjustments	\$ _____
A. Rollover of Unexpended Funds	
1) Community Services - Other Treatment	_____
2) Adult System of Care	_____
3) Children's Mental Health Services	_____
4) Mental Health Services - AB 3632	_____
5) Other Rollover	_____
B. Managed Care FFS Inpatient & Cont. Res.	_____
C. Managed Care Additional Funds	_____
D. Other	_____
Subtotal (Lines 1 & 2)	\$ _____
3. Less Claims Paid to Date	_____
4. NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	\$ _____

Date: _____ Signature: _____

FOR DMH ACCOUNTING USE ONLY

5. Special Adjustments	\$ _____
a) State Hospital Changes	_____
b) Audit Adjustment	_____
c) Other	_____
6. NET REIMBURSEMENT DUE COUNTY (STATE)	\$ _____

Date: _____ Signature: _____

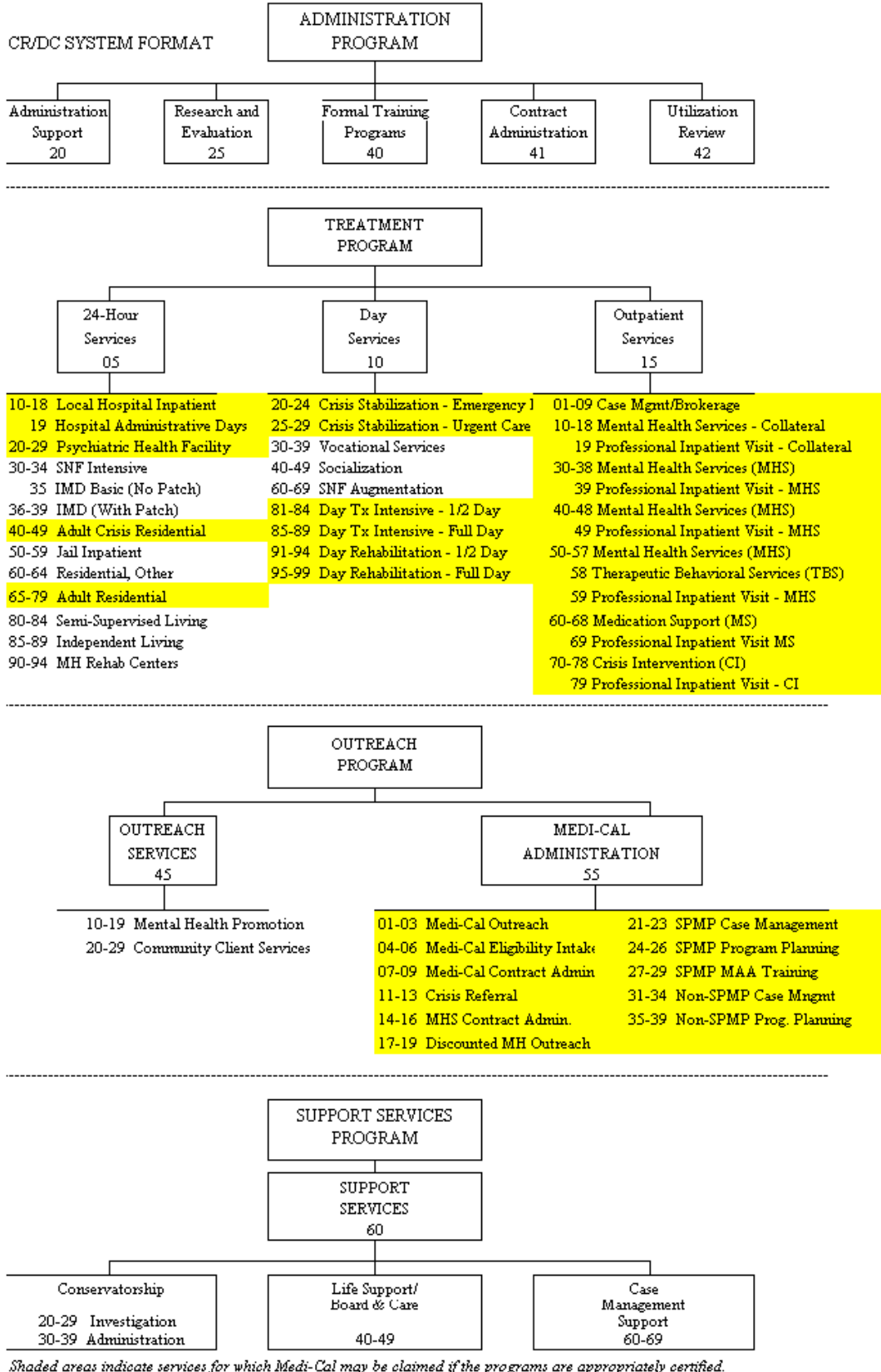
APPENDIX E

CFRS System Format

FY 2008-2009 Short-Doyle/Medi-Cal Maximum Reimbursement Rates

FY 2008-2009 Statewide Allocation Worksheet

State of California

Department of Mental Health
Dec-01

FISCAL YEAR 2008-09					
SHORT-DOYLE/MEDI-CAL					
MAXIMUM REIMBURSEMENT RATES					
July 1, 2008 through June 30, 2009					
	MODE OF SERVICE CODE		SERVICE FUNCTION CODE	TIME BASE	SHORT-DOYLE/MEDI-CAL MAXIMUM ALLOWANCE
	CR/DC Code	SD/MC Claiming Code			
SERVICE FUNCTION					
A. 24-HOUR SERVICES	05				
Hospital Inpatient		07, 08, 09	10-18	Client Day	\$1,081.24
Hospital Administrative Day		07, 08, 09	19	Client Day	7/1/08 - 7/31/09 \$318.19
					8/1/08 - 6/30/09 \$351.26
Psychiatric Health Facility (PHF)		05	20-29	Client Day	\$570.91
Adult Crisis Residential		05	40-49	Client Day	\$321.94
Adult Residential		05	65-79	Client Day	\$157.03
B. DAY SERVICES	10	12, 18			
Crisis Stabilization					
Emergency Room			20-24	Client Hour	\$94.54
Urgent Care			25-29	Client Hour	\$94.54
Day Treatment Intensive					
Half Day			81-84	Client 1/2 Day	\$144.13
Full Day			85-89	Client Full Day	\$202.43
Day Rehabilitation					
Half Day			91-94	Client 1/2 Day	\$84.08
Full Day			95-99	Client Full Day	\$131.24
C. OUTPATIENT SERVICES	15	12, 18			
Case Management, Brokerage			01-09	Staff Minute	\$2.02
Mental Health Services			10-19	Staff Minute	\$2.61
			30-59	Staff Minute	\$2.61
Medication Support			60-69	Staff Minute	\$4.82
Crisis Intervention			70-79	Staff Minute	\$3.88

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2008-09

COMMUNITY MENTAL HEALTH SERVICES
ALLOCATION WORKSHEET
REVISION NUMBER 1

STATEWIDE			
PROGRAM	CURRENT ALLOCATION	ADJUSTMENT	TOTAL ALLOCATION
Community Services --			
Other Treatment	\$0	\$0	\$0
Community Services -			
Other Treatment for Mental Health Managed Care	\$2,500,000	\$0	\$2,500,000
Managed Care Subset	(\$2,500,000)	\$0	(\$2,500,000)
Mental Health Services AB 3632	\$75,000.0	\$0	\$75,000
TOTAL COMMUNITY SERVICES	\$2,575,000	\$	\$2,575,000
PROGRAM DATA BY FUND SOURCES			
4440 - 101 - 0001(1)			
Community Services --			
Other Treatment			
4440 - 103 - 0001(1)			
Community Services --			
Other Treatment for Mental Health Managed Care	\$2,500,000	\$0	\$2,500,000
Services	(\$2,500,000)	\$0	(\$2,500,000)
<i>Federal Regulations Implementation</i>	\$0	\$0	\$0
4440 - 104 - 0001			
Mental Health Services AB 3632	\$75,000	\$0	\$75,000
TOTAL FUND SOURCES	\$2,575,000	\$0	\$2,575,000

APPENDIX F

Submittal File to DMH

Introduction

The FY 2008-2009 Cost Report packaging, naming conventions, automated desk edits, error correction cycle, and submittal process to DMH are described in this section.

The cost report will be distributed to the counties via the DMH Information Technology Web Server (ITWS). Counties are required to download the appropriate cost report template(s) from ITWS and distribute the template(s) to their contract provider LEs by any method that will not change the electronic format of the template(s). The contract provider LEs, after the completion of their cost reports, must return them to their county for review, verification, and approval. The counties are required to package these cost reports and submit the package to DMH through the ITWS electronic submission process.

COST REPORT FILES

The cost report files for this year remain an Excel based spreadsheet application. There will be two sets of Cost Report spreadsheet automations:

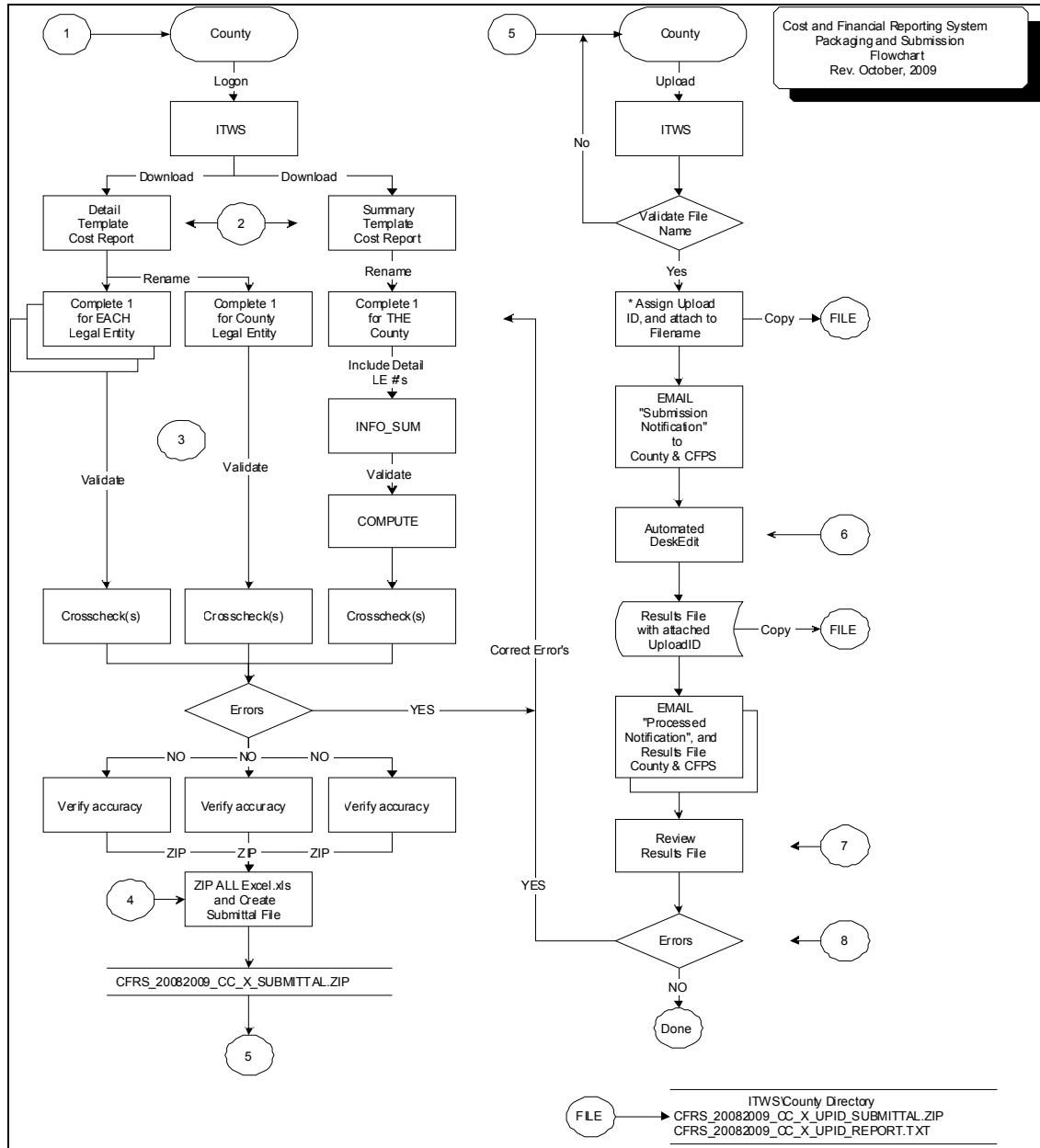
1. A Detail Cost Report for LEs (contract or county), Medi-Cal and Non-Medi-Cal; and
2. A Summary Cost Report for each county or local mental health agency linking information from all LEs.

SUBMITTAL FILE

The county Submittal File is the “package” that the county submits to DMH. The completed detail cost reports and the summary county cost report are combined into a single “package” called a “submittal file”. This packaging is completed through an archiving process called zipping. (Zipping gets its name from a product, or multitude of products, which combine files, called PKZIP. Further description and product information can be found at <http://www.pkware.com> and/or your local county information technology group.)

The submittal file (zipped file) is uploaded (submitted) to DMH ITWS. The name of the submittal file must conform to the submittal file naming conventions. See the sections on File Naming Conventions. Files not conforming to the specified naming conventions cannot be processed by DMH.

Business Processes and Automated Desk Edits Cycle



Step 1. Logon to ITWS

- This requires enrollment to ITWS and permission to access the Cost and Financial Reporting System (CFRS). We also recommend that you request permission to access the Provider / Legal Entity System.

Step 2. Download the Cost Report Template(s)

- The Detail Cost Report Template is:
CFRS_20082009_CC#####X_Detail_Template.xls
- The Summary Cost Report Template is:
CFRS_20082009_CC00000X_Summary_Template.xls

NOTE: There may be additional information attached to the names of these file to describe the versions that are currently being used. Please download the most recent version of these files; i.e., **(V2.32 & V1.81)**.

Step 3. Rename and complete the Cost Report(s)

- RENAME and CREATE a COPY of the Detail Cost Report Template for:
 - 1 for EACH Contract Provider Legal Entity
 - 1 for the County Legal Entity
- RENAME and CREATE a COPY of the Summary Cost Report Template for:
 - 1 for The County Only
- Complete these cost reports according to the instructions in the manual.

Step 4. ZIP ALL excel.xls and create Submittal File

- ALL cost report files (.xls) must be Zipped together into a submittal file (.zip). This ZIP file is also called an archive. Use the ZIP utility (i.e., PKZIP) to accomplish this.
- Note, you must create the name of this submittal file according to the naming conventions specified in this section.

Step 5. Upload/Submit the Cost Report package to ITWS

- Logon to ITWS and go to the CFRS system.
- Select FUNCTIONS > UPLOAD, and specify the name of the submittal file that was created from the ZIP step for submission to DMH.
- ITWS will return a confirmation message stating a successful upload process.
- You and CRFS will also receive an email notification stating that the file has been successfully received by DMH.
- The email will entail specific information regarding your email, and also an accompanying Upload ID number, which indicates this file in the CFRS system. Please note this Upload ID number for further notices and reports.

- Step 6. Automated DMH Desk Edits.
- DMH will automatically process the Submittal ZIP file and perform the automated desk edits on the cost reports.
 - You will receive an email stating that the file has been processed through the automated desk edits. The results of the automated desk edits will be attached. The attached RESULTS FILE is a TEXT file and will be named according to the submittal file that was uploaded. The name of the RESULTS FILE will include the Upload ID number that was assigned when the submittal file was received by DMH.
 - You can also logon to ITWS to review the RESULTS text file. Use the Upload ID number assigned to the submittal file to find the appropriate RESULTS text file.
- Step 7. Review the Results File
- The Results File will include any processing errors found by the automated Desk Edit for all Detail Cost Reports and the Summary Cost Report.
- Step 8. Correct any errors
- The county corrects the errors listed in the Results File.
 - After corrections to the cost reports are completed, ALL cost report files (.xls) must again be Zipped together into a submittal file (.zip), see Step 4. The submittal file (zipped file) is uploaded to DMH ITWS, see Step 5.
- Step 9. Repeat Step 4 through Step 8 until the Results File contains no errors.
- Step 10. Finished

NOTE: After completing Step 5, the Upload/Submit step, the accompanying email that you receive specifies the Upload ID number of the submittal file. This Upload ID number must be used on the MH1940 that is sent to DMH. It is the “binding” number, which details when your cost report is actually received by DMH. You must submit one hard copy of the cost report (summary and county detail only) and an original signed MH 1940 certification package to DMH within 10 (ten) business days of the first submission of your cost report.

Cost Report Template Files

The FY 2008-2009 Cost Report Templates are downloaded by the county from DMH ITWS. Remember, there are two templates:

- A template for the Detail Cost Report. RENAME and create a COPY of the Detail Cost Report template for EACH Legal Entity (contract or county), Medi-Cal and Non-Medi-Cal. Name the files according to the naming conventions specified in this section.
- A template for the Summary Cost Report. RENAME and create a copy of the Summary Cost Report template. Name the file according to the naming conventions specified in this section. The Summary Cost Report is to be completed by the County Only.

These files are located on ITWS have the following name:

- CFRS_20082009_CC#####X.xls (V2.32Beta)_Detail_Template.xls
 - This is the Detail Cost Report.
 - The '#####' will be replaced by the number associated with the Legal Entity.
- CFRS_20082009_CC00000X.xls (V1.81Beta)_Summary_Template.xls
 - This is the Summary Cost Report
 - The '00000' denotes a Summary Cost Report. It must remain as '00000' as it indicates the Summary Cost Report to be complete by the County.

NOTE: These files reflect a version number that is used internally when creating the Cost Reports. These files are the templates to be used for completing the Cost Reports, and the versions and names are for identification purposes.

File Naming Conventions - Detail Cost Report(s)

All naming conventions for **DETAIL** Cost Reports follow this format:

CFRS_20082009_CC#####B.XLS

CC	County Code
#####	5-digit number which identifies the legal entity # of the cost report for which the file is being submitted. Check your Legal Entity File for correct Legal Entity numbers of your providers that you are using.
B	<p>“B” for Initial Image (i.e., “B”efore settlement, so this is your initial submission to ITWS until desk edits are complete)</p> <p>“F”inal Settlement, (i.e., after any SD/MC adjustments)</p> <p>“Z” for Audits,</p> <p>“T” for Test files and or DMH use.</p>

LE NUMBERS

LE numbers are assigned by DMH by the type of LE they represent. These are essentially encoded with the 5-character LE numbering system of the LE File. Your 5-character LE numbers will resemble the following format. These are general rules and you should contact the DMH Statistics and Data Analysis (SDA) group if you have further questions or problems about these designations.

<i>00000</i>	A Legal Entity number with 5 zeroes indicates that this is a Summary County Cost Report. This is very important!!!
<i>000##</i>	A Legal Entity number with 3 leading zeroes indicates that this is the County Legal Entity. Example, 00087 would indicate the County Legal Entity for County 87.
<i>00F87</i>	A Legal Entity number with 2 leading zeroes, then an "F" and a number, indicates that this is the FFS (Fee for Service) Legal Entity for the county. Example, 00F87 would indicate the FFS Legal Entity for County 87.
<i>AFC##</i>	A Legal Entity number with "AFC" as the preceding 3 characters indicates that this is an Administrative Services Organization (ASO) Legal Entity. The remaining 2 characters indicates that County Code. Example, AFC87 would indicate the ASO Legal Entity for County 87.
<i>HFP##</i>	A Legal Entity number with "HFP" as the preceding 3 characters indicates that this is a Healthy Families (Fee-For-Service) inpatient services and is used to claim all HFP inpatient services that occur in hospitals settings that would be fee-for-service if used for Medi-Cal children.
<i>#####</i>	Any other number is the 5-digit number which identifies the Legal Entity number. Check your Legal Entity File for correct Legal Entity numbers of the providers that you are using.

File Naming Conventions - Summary Cost Report

All naming conventions for the SUMMARY Cost Reports follow this format:

CFRS_20082009_CC#####B.XLS

Where:

CC	County Code
00000	5-zeroes. This must be specified.
B	"B" for Initial Image (i.e., "B"efore settlement, so this is your initial submission to ITWS until desk edits are complete) "F"inal Settlement, (i.e., after any SD/MC adjustments) "Z" for Audits, "T" for Test files and/or DMH use.

File Naming Conventions - Submittal File

All naming conventions for **SUBMITTAL** Package follow this format:

CFRS_20082009_CC_B_SUBMITTAL.ZIP

Where:

CC	County Code
B	"B" for Initial Image (i.e., "B"efore settlement, so this is your initial submission to ITWS until desk edits are complete) "F"inal Settlement, (i.e., after any SD/MC adjustments) "Z" for Audits, "T" for Test files and/or DMH use.

NOTE: If you need help using ZIP, or more formally known as PKZIP, please see <http://www.pkware.com> for instructions on using this and other ZIP products.

Further, when this file is uploaded to ITWS, it will be assigned an internal Upload ID (UpID) number. This UpID number will be referenced in all documentation regarding this file. You will also receive an email describing this and its newly renamed file.

Example:

1. CFRS_20082009_87_B_SUBMITTAL.ZIP

The cost reports uploaded for a sample county 87. You will receive email confirmation of this submission, and it will entail the Upload ID that was assigned when this file was uploaded. This number will now be in the name of the file in your county directory on ITWS and all reference documentation regarding this upload will be specified.

2. CFRS_20082009_87_B_170701_SUBMITTAL.ZIP

This is how the file will look with the Upload ID specified as part of the renamed file. This will be automatically be done by DMH and will look this way on ITWS.

Desk Edits Results File

After you have UPLOADED your Cost Report submittal file to ITWS, you will receive the following electronic communication from DMH:

1. An instant notification from ITWS saying your file was successfully uploaded.
2. Also, you will receive an email notification in your Inbox stating that DMH received your file as well.

In the meantime, DMH will be processing your uploaded submittal file and when done, the following will happen:

1. Notify you via an email notification in your Inbox stating that DMH has processed your file and the results of this process are available for viewing (or downloading) on ITWS.
2. Next, you need to Logon to ITWS to view the file and determine if the automated desk edit processing is successful or not.
3. If NOT, then make necessary corrections on your local copies of the cost reports, re-ZIP into a new Submittal File, and re-Upload to ITWS.
4. Cost report is not considered ACCEPTED, until all errors on both the detail and summary cost reports pass the automated edits.

The attached report file returned to you in the email will be named according to the following format. It will also be on ITWS with the same name as:

CFRS_20082009_CC_B_UPID_REPORT.TXT

Where:

CC	County Code
B	"B" for Initial Image (i.e., "B"efore settlement, so this is your initial submission to ITWS until desk edits are complete) "F"inal Settlement, (i.e., after any SD/MC adjustments) "Z" for Audits, "T" for Test files and/or DMH use.
UPID	Upload ID that was assigned when your submittal file was uploaded to ITWS.

Example:

CFRS_20082009_70_B_170701_REPORT.TXT

NOTE: This is a text document. Use Notepad or a similar product to open and read its content.

The Cost Report submission, editing and correction cycles will produce files of different types. These files may be Notification and Return Files, or possible Error files as well. These files are created by the DMH CFRS and placed on the DMH ITWS servers so the counties may download them, examine them, and determine if any corrective or continuing action needs to be taken. Also, any errors that they may have submitted in the Cost Report submission package will be listed here as well.





After a cost report has been submitted, the CFRS will process the submission package and will create the files on the ITWS server within one day after DMH receives a CFRS submittal file.

File Naming Conventions – Samples

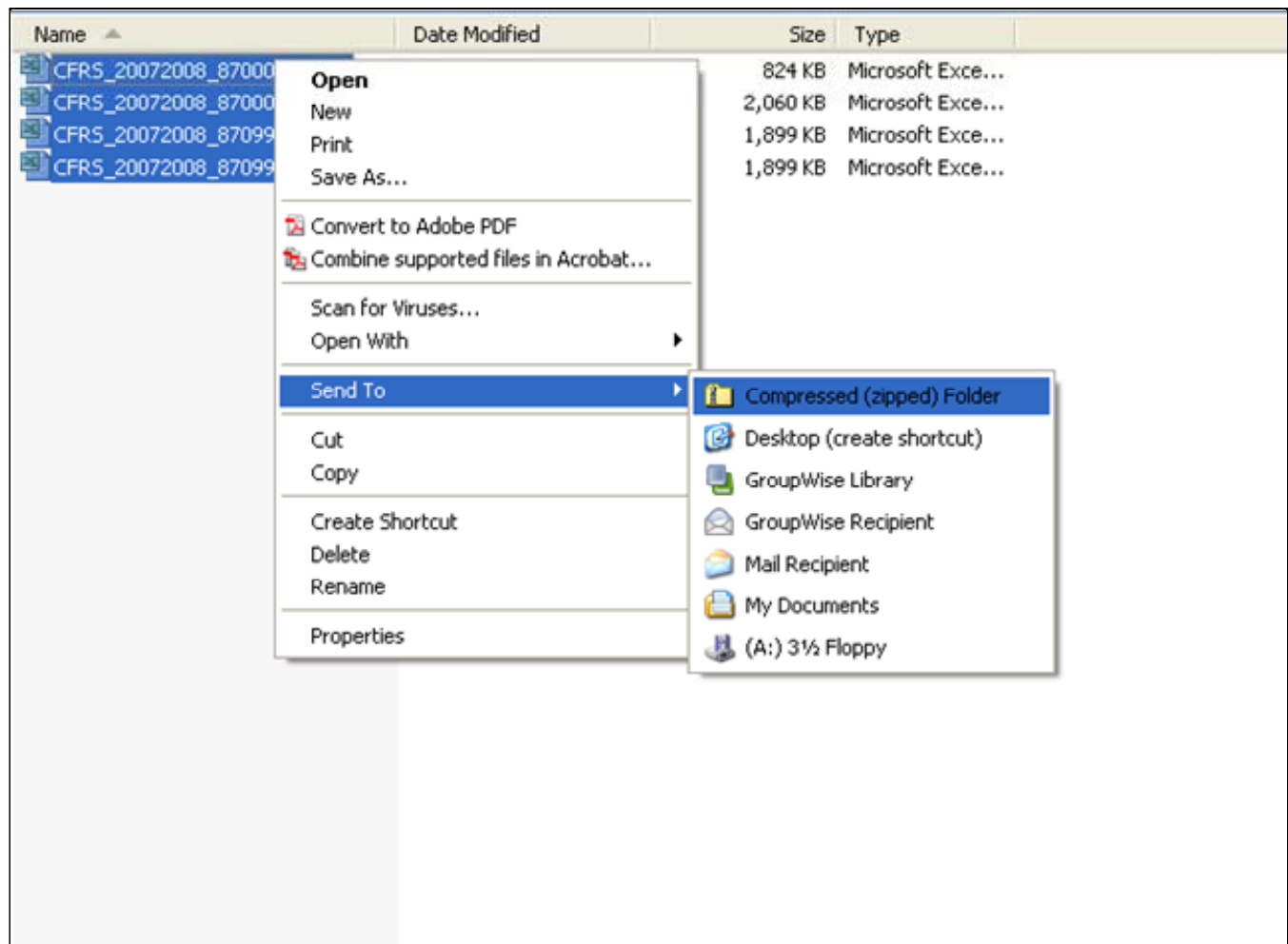
The Detail and Summary Cost Reports are built and named according to the naming conventions. Reminder, the Summary Cost Report contains the list of the Legal Entities that are being submitted as part of the Cost Report package.

This example would represent a sample of names for cost reports to be submitted as part of the submittal package to DMH ITWS:

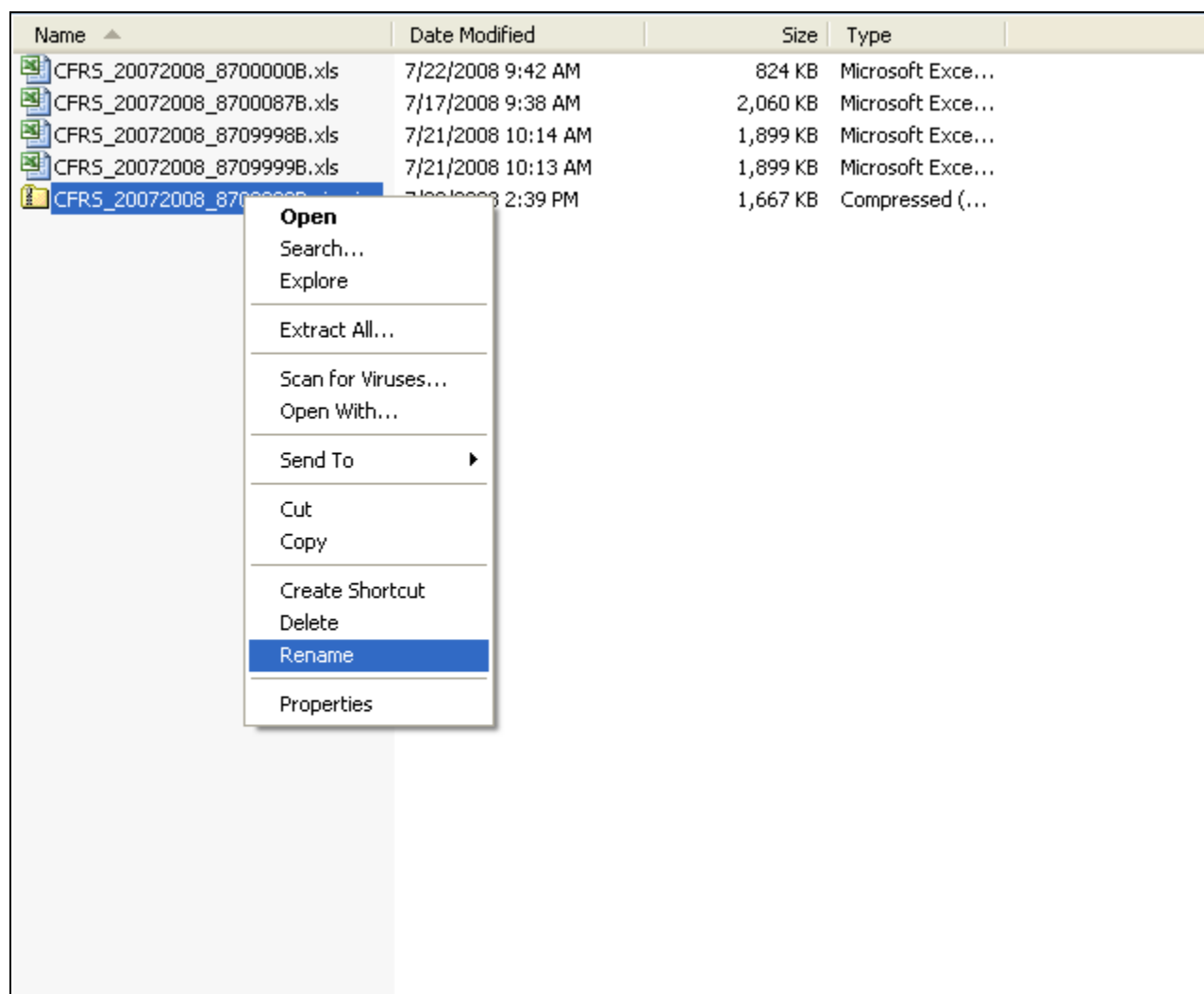
CFRS_20082009_7000000B.XLS	Summary County Cost Report for County 87. Notice all 0's (Zeroes) in the file name and only the County Code is present
CFRS_20082009_7000087B.XLS	Detail Cost Report for County 87 Legal Entity. Notice the 3 0's (Zeroes) in the file name and then the County Code is present.
CFRS_20082009_700070B.XLS	Detail Cost Report for Legal Entities by #. Notice the Legal Entity number is used here. “ “ “ “ “ “ “ “ “
CFRS_20082009_7000770B.XLS	
CFRS_20082009_7000755B.XLS	
CFRS_20082009_7000205B.XLS	
CFRS_20082009_7000223B.XLS	
CFRS_20082009_7000227B.XLS	
CFRS_20082009_7000249B.XLS	
CFRS_20082009_7000269B.XLS	
CFRS_20082009_7000277B.XLS	
CFRS_20082009_7000279B.XLS	

Name ▲	Date Modified	Size	Type
 CFRS_20072008_8700000B.xls	7/22/2008 9:42 AM	824 KB	Microsoft Exce...
 CFRS_20072008_8700087B.xls	7/17/2008 9:38 AM	2,060 KB	Microsoft Exce...
 CFRS_20072008_8709998B.xls	7/21/2008 10:14 AM	1,899 KB	Microsoft Exce...
 CFRS_20072008_8709999B.xls	7/21/2008 10:13 AM	1,899 KB	Microsoft Exce...






Example of Windows directory (Folder) with all the County Cost Reports in one location.



Example showing that all files need to be ZIPPED together and processed into a ZIP file. You will need to name the ZIP file according to your naming conventions as specified in this appendix.



Rename file CFRS_20082009_70_B_Submittal.Zip

Name	Date Modified	Size	Type
 CFRS_20072008_8709999B.xls	7/21/2008 10:13 AM	1,899 KB	Microsoft Exce...
 CFRS_20072008_8709998B.xls	7/21/2008 10:14 AM	1,899 KB	Microsoft Exce...
 CFRS_20072008_8700087B.xls	7/17/2008 9:38 AM	2,060 KB	Microsoft Exce...
 CFRS_20072008_8700000B.xls	7/22/2008 9:42 AM	824 KB	Microsoft Exce...
 CFRS_20072008_87_B_Submittal....	7/22/2008 2:39 PM	1,667 KB	Compressed (...)

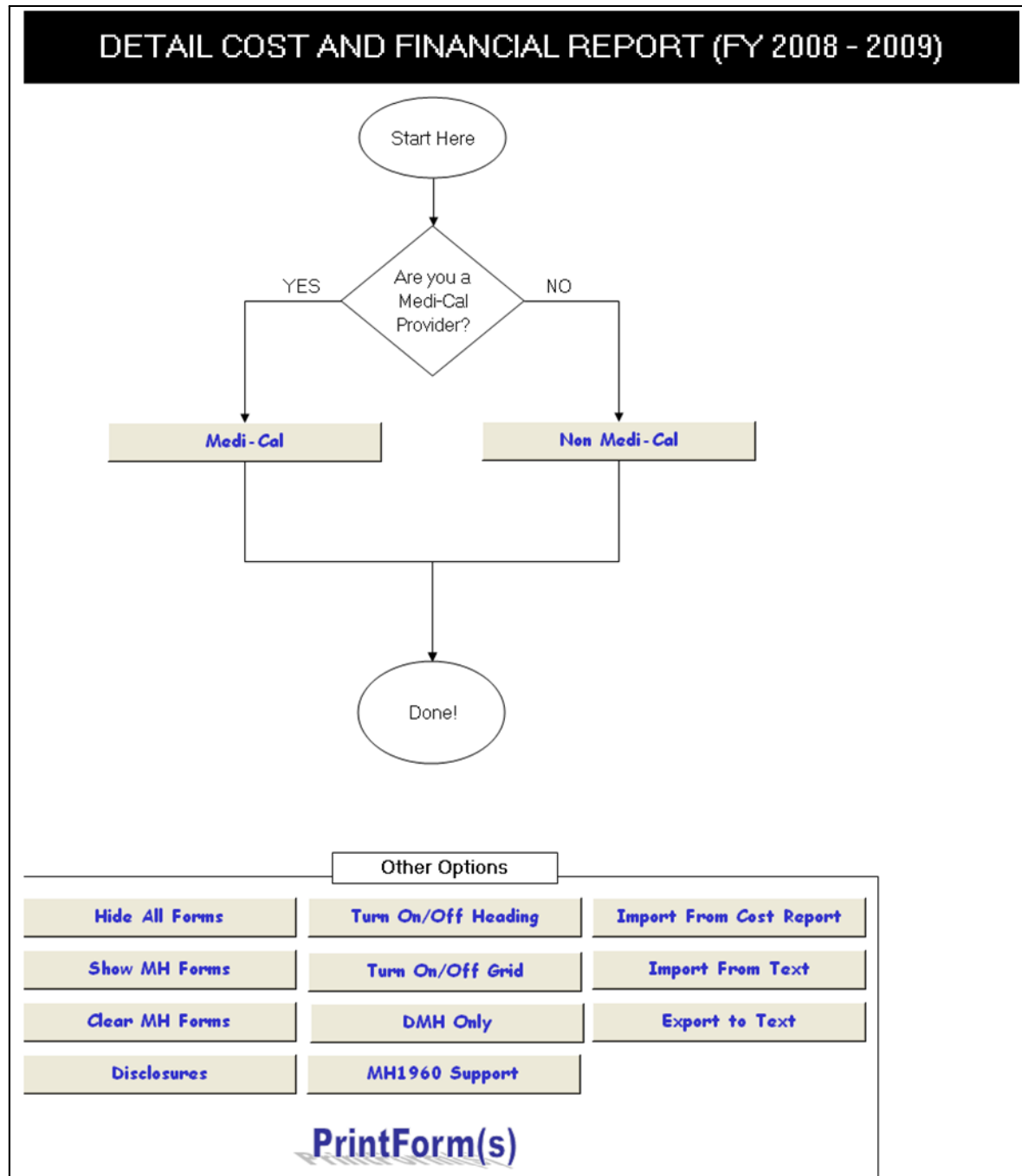
See the section on File Naming conventions for the ZIP Submittal File for how this file should be named.

- This ZIP file (a.k.a, the SUBMITTAL file) is what needs to be sent to DMH
- Logon to DMH ITWS, and UPLOAD (i.e., SUBMIT) this file to the Cost Reporting System.

APPENDIX G

Cost Report Forms Printing Procedures

STEP 1 – Click PrintForm(s) once.



STEP 2 – Check forms and schedules below to print.

The screenshot shows a 'Print Forms' dialog box with a title bar and a close button. The main area is titled 'Select Forms to Print' and contains a list of checkboxes for various forms and schedules. The forms are organized into three columns. The first column includes 'HOME', 'Medi-Cal', 'Non Medi-Cal', 'MH1900_INFO', 'MH1901_Schedule_A', 'MH1901_Schedule_B', 'MH1901_Schedule_C', 'MH1960', 'MH1961', and 'MH1962'. The second column includes 'MH1963', 'MH1964', 'MH1966_HOSPINPT', 'MH1966_MODE5(OTHR)', 'MH1966_MODE10', 'MH1966_MODE15_(1)', 'MH1966_MODE15_(2)', 'MH1966_MODE55', and 'MH1966_MODE45'. The third column includes 'MH1966_MODE60', 'MH1969_INST', 'MH1968', 'MH1969', 'MH1979', 'MH1991', 'MH1992_INST', and 'MH1992'. Below the list is a 'Select Relevant Forms' button. To the right of this button is a 'Number of Copies' field with a spinner set to '1'. At the bottom of the dialog are four buttons: 'Select All', 'Deselect All', 'Print', and 'Cancel'. Below the dialog box is a grid of buttons: 'Show MH Forms', 'Turn On/Off Grid', 'Import From Text', 'Clear MH Forms', 'DMH Only', 'Export to Text', 'Disclosures', and 'MH1960 Support'. At the bottom center is a large blue button labeled 'PrintForm(s)'.

Are you a Medi-Cal Provider?

YES NO

Print Forms

Select Forms to Print

☐ HOME ☐ MH1963 ☐ MH1966_MODE60

☐ Medi-Cal ☐ MH1964 ☐ MH1969_INST

☐ Non Medi-Cal ☐ MH1966_HOSPINPT ☐ MH1968

☐ MH1900_INFO ☐ MH1966_MODE5(OTHR) ☐ MH1969

☐ MH1901_Schedule_A ☐ MH1966_MODE10 ☐ MH1979

☐ MH1901_Schedule_B ☐ MH1966_MODE15_(1) ☐ MH1991

☐ MH1901_Schedule_C ☐ MH1966_MODE15_(2) ☐ MH1992_INST

☐ MH1960 ☐ MH1966_MODE55 ☐ MH1992

☐ MH1961

☐ MH1962

Select Relevant Forms

Number of Copies 1

Select All Deselect All Print Cancel

Show MH Forms Turn On/Off Grid Import From Text

Clear MH Forms DMH Only Export to Text

Disclosures MH1960 Support

PrintForm(s)

STEP 3 – On the “Select Forms to Print” window below, click “Select Relevant Forms” button to print selected schedules and forms on completed cost report.

Are you a Medi-Cal Provider?

YES NO

Print Forms

Select Forms to Print

<input type="checkbox"/> HOME	<input checked="" type="checkbox"/> MH1963	<input checked="" type="checkbox"/> MH1966_MODE60
<input type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> MH1964	<input type="checkbox"/> MH1969_INST
<input type="checkbox"/> Non Medi-Cal	<input checked="" type="checkbox"/> MH1966_HOSPINPT	<input checked="" type="checkbox"/> MH1968
<input checked="" type="checkbox"/> MH1900_INFO	<input type="checkbox"/> MH1966_MODE5(OTHR)	<input type="checkbox"/> MH1969
<input checked="" type="checkbox"/> MH1901_Schedule_A	<input checked="" type="checkbox"/> MH1966_MODE10	<input checked="" type="checkbox"/> MH1979
<input checked="" type="checkbox"/> MH1901_Schedule_B	<input checked="" type="checkbox"/> MH1966_MODE15_(1)	<input checked="" type="checkbox"/> MH1991
<input checked="" type="checkbox"/> MH1901_Schedule_C	<input checked="" type="checkbox"/> MH1966_MODE15_(2)	<input type="checkbox"/> MH1992_INST
<input checked="" type="checkbox"/> MH1960	<input checked="" type="checkbox"/> MH1966_MODE55	<input checked="" type="checkbox"/> MH1992
<input checked="" type="checkbox"/> MH1961	<input type="checkbox"/> MH1966_MODE45	
<input checked="" type="checkbox"/> MH1962		

Select Relevant Forms

Number of Copies 1

Select All Deselect All Print Cancel

Show MH Forms Turn On/Off Grid Import From Text

Clear MH Forms DMH Only Export to Text

Disclosures MH1960 Support

PrintForm(s)

STEP 4 – Click “Select All” to select all forms and schedules to print.

STEP 5 – Click the number of copies list box to print more than one page.

STEP 6 – Click “Deselect All” to clear selections on the Select Forms to Print Window.

APPENDIX H**FREQUENTLY ASKED QUESTIONS****1. Q: Where do I report Therapeutic Behavioral Services (TBS)**

A: Therapeutic Behavioral Services should be reported on MH 1901 Schedule B as Settlement Type TBS, Mode 15, Service Function 58. On MH 1901 Schedule C, report amounts automatically populate MH1966, Program 2.

2. Q: Are there definitions somewhere for the service functions?

A: The Client and Services Information (CSI) System Data Dictionary includes the definitions of mode of service and service functions. It is available on the ITWS. If you do not have approved access, you can request additional membership with the ITWS Administrator and ask for CSI access or contact the CSI unit directly via email at Marc.Grimm@dmh.ca.gov.

3. Q: What are some examples of categorical funding?

A: Categorical funds can only be spent for the purposes for which they were specifically appropriated. An example of categorical funding is 4440-104-0001, Mental Health Services to Special Education Pupils (AB 3632). The local mental health appropriation in the Governor's Budget Act is structured to accommodate expenditure reporting under the California Fiscal Information System (CFIS). State General Fund dollars appropriated by the Governor's Budget Act are categorized according to the CFIS subcategories. The Department controls expenditures to the various appropriation items categorized in accordance with CFIS.

4. Q: What units should be reflected on the cost report? Should it be taken from the claims?

A: Report total units of service provided to your client base. These units would include both Medi-Cal and non-Medi-Cal. Note also that these units come from different funding sources.

5. Q: Who audits the cost reports?

A: The State Department of Mental Health (SDMH) has a fiscal audit section with the responsibility to perform annual fiscal audit of the counties cost report.

6. Q: How should the county report grants such as the Homeless Grant?

A: Mental Health Services provided with Grant funding are to be reported in the cost report along with all other mental health services. The only identification to the state will be as a funding source in MH 1992 (under appropriate grant line). This would be Line 5 for a PATH grant.

7. Q: Do Non-Medi-Cal providers have to submit a cost report?

A: Yes, counties are required to file a cost report for each of its non-Medi-Cal providers.

8. Q: Do CalWorks funds come from both Alcohol and Drug and Mental Health Departments? Do counties have to report both substance abuse and mental health services on the Cost Report?

A:

1. The primary funding source for the CalWorks program is the Federal Temporary Assistance for Needy Families (TANF). The State Department of Social Services administers this fund. CalWorks may pertain to both Drug and Alcohol Programs and mental health activities.
2. Counties are to report *ONLY* mental health services provided with CalWorks funds in the DMH Cost Reports along with other mental health services provided. The CalWorks units (non-Medi-Cal) should be identified as CAW settlement type on MH 1901 Schedule Bs. The "Eligible Direct Cost" column should be used to report CalWorks related costs on MH 1901 Schedule C. The CalWorks revenue should be reported on MH 1992, funding source Line 25.

9. Q: What do I do if I do not see the "Enable Macro" screen when we pull up the program?

A: In Excel, click Tools; Options; General; check Macro virus protection; click ok. To enable this screen each time you open the files, check Always ask before opening workbooks with macros.

10. Q: What do we send to our providers and how do they get access to the program?

A: Download the *files* from the DMH ITWS and either e-mail or save them on *diskette* and forward to your providers. Your *contract* providers are not allowed direct access to the DMH ITWS.

11. Q: What if providers do not have the Excel program?

A: The state is only supporting the cost report spreadsheet in the EXCEL software at this time. It is the county's responsibility to work with each provider to ensure they have access to the EXCEL software.

12. Q: When will the final version of the cost report be ready on the Web site?

A: The final versions of both the detail LE and county summary cost reports are posted on the DMH ITWS website annually following our fall trainings.

13. Q: Is MH 1900 INFO, Section II for inpatient hospital only or outpatient as well?

A: Enter both inpatient and outpatient contract providers Medi-Cal Direct Service Gross Reimbursement here.

14. Q: What are crossover units?

A: Crossover units are units of service for those clients covered by both Medi-Cal and Medicare.

15. Q: Can you override the prompting?

A: No.

16. Q: Why is EPSDT blocked out in the first three columns of MH 1992?

A: EPSDT is children's, direct service, non-hospital inpatient cost for special Medi-Cal aid categories. The first two columns are not direct service cost centers and the third column is for hospital inpatient services.

17. Q: Do managed care organizations and fee-for-service providers have to fill out a cost report?

A:

1. Organizational providers are required to complete a cost report.
2. For individual and group fee-for-service providers, the county will report the actual payments made to these providers as costs to the county, under Program 2. To do this, report units of service as you would for other programs on MH 1901 Schedule Bs. Report costs on MH 1901 Schedule C on column E (Eligible Direct Costs). These costs automatically populate MH 1966, Program 2.

18. Q: Do I submit signatures on the MH 1940 electronically?

A: No, signatures will be submitted in a hard copy separately before the cost reports are accepted as being filed.

19. Q: When is the cost report considered late?

A: The cost report will be considered late if not received by February 26, 2010.

20. Q: Can we only show the tabs at the bottom that we want the contractors to fill out?

A: What the counties want their contractors to see will be a decision made by the county.

21. Q: Do you have to continuously save the document while inputting the information?

A: You do not have to save continuously. However, it is recommended.

22. Q: Do I have to include the county under the listing of all LE names on the MH 1900 INFO Summary Information Worksheet?

A: Yes, include all LEs including the county LE on the MH 1900 Summary Information Worksheet.

23. Q: Why are some of the cells on the worksheets hidden?

A: These cells are hidden because they are temporary storage areas when you are working on the cost report, and are not necessary for viewing purposes.

24. Q: What is the appropriate method to report a county who is contracting with another county for services?

A.

1. The primary county funding the services reflects the county contract provider on MH 1960, Line 3 (Less: Payments to Contract Providers – County Only).
2. The contracted county providing the services is required to complete a cost report.

25. Q: When a county has contracted with another county to provide services, who claims the FFP and who reports the CSI?

A:

1. The primary county funding the services reports the CSI.
2. The contracted county providing the services claims the FFP.

26. Q: Where in the Cost Report should expenditures related to the Cultural Competence Plan be reported?

- A.** All MHPs should report all mental health expenditures including Cultural Competence in its cost report. MHPs may report Cultural Competence expenditures under general administrative costs in the cost report.

27. Q: Can the County use a blended rate if the county changes its billing rate mid year?

- A.** Yes, the County can use a blended (weighted) rate during the mid-year. Please refer to the Local Program Financial Support Instruction Manual, **Page 22** regarding Published Charge.

28. Q: If a county provides a separate support schedule for the published charge, what amount is reflected on the MH 1901 Schedule As for the service function?

- A.** Counties must provide the following information on the separate support schedule for the published charge: (1) each service function; (2) the time period covered by each published charge; (3) each published charge per unit of service; (4) Medi-Cal units of service provided for each published charge; and (5) total published charges for each service function (published charge per unit multiplied by the units of service).

Please refer to the Cost Program Financial Support Instruction Manual, **Page 22** regarding Published Charge.

29. Q: Please define the term “patch” and describe Medi-Cal with patch and Medi-Cal without patch.

A:

1. Patch refers to the additional reimbursement rate per day for Special Treatment Program (STP) above the basic Nursing Facility – Level B basic rate in an Institution for Mental Disease (IMD).
2. The Cost and Financial Reporting System Instruction manual FY 2008-2009, Appendix E-2 identifies the correct terms, (IMD Basic and IMD) which should be used instead of the expressions Medi-Cal with patch and Medi-Cal without patch.

30. Q: What exactly is a nominal fee provider?

- A:** A nominal fee provider has Medi-Cal adjusted customary charges that are equal to or less than sixty percent (60%) of Medi-Cal costs and meets the following four criteria:
1. The LE must have a published schedule of its full (non-discounted) charges.
 2. The LE's revenues for patient care must be based on application of a published charge schedule.

3. The LE must maintain written policies for its process of making patient indigence determinations.
4. The LE must maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures.

Medi-Cal adjusted customary charges are calculated by first dividing actual charges to non-Medcare and Non-Medi-Cal patients by adjusted or published charges to non-Medicare and non-Medi-Cal patients. This ratio is then applied to Medi-Cal charges (i.e., amounts billed to Medi-Cal), resulting in Medi-Cal adjusted customary charges. These charges are compared to 60% of Medi-Cal costs and, if equal to or less, the LE is exempt from having to apply the Lower of Cost or Charges principle.

31.Q: How do we identify the American Recovery and Reinvestment Act funding for Fiscal Year 2008-09 on the MH 1992?

A: The American Recovery and Reinvestment Act increased the Federal Medical Assistance Percentage (FMAP) for California from 50% to 61.59%. The additional Federal Financial Participation (FFP) that is paid as a result of this increase will show up on line 11 of the MH 1992. The data included on line 11 of the MH 1992 flows from the MH 1968 and the MH 1979. The Mental Health Plan will not be required to separately identify the additional FFP paid to it as a result of the 11.59% increase in the FMAP.

32.Q: Will LEs be allowed to split costs among the three reporting periods on the MH 1901 Schedule C or will they be required to calculate actual costs for each individual period?

A: LEs must report the same cost per unit for each Mode and Service Function Code for each period of time. To accomplish this, a LE should calculate one cost per unit for each Mode and Service Function for the fiscal year and multiply that cost per unit by the total units provided in each period of time to calculate the costs to be allocated to each period time.

33.Q: Can a LE that does not have a negotiated rate include all of the units and costs incurred for October 1, 2008 through June 30, 2009 in one period?

A: A LE that does not have a negotiated rate for Fiscal Year 2008-09 must split its units and costs among the three periods of time.

34.Q: The MH 1901 Schedule A 1 requires the rate information for the period 7/1/08 through 12/31/08. There is a MH 1901 Schedule B 1 for the Units of Service and Revenue for the period 7/1/08 through 9/30/08 and a MH 1901 Schedule B 2 for the Units of Service and Revenue for the period 10/1/08 through 12/31/08. Why separate Schedules B 1 and B 2 when the rate information is the same? Is it because the reimbursement under the FMAP increased from 50% to 61.59% effective 10/1/08?

A: The California Department of Mental Health is requesting LEs to report units of service and costs in three different periods to accommodate the change in the Federal Medical Assistance Percentage (FMAP) effective 10/01/08 and the repeal of the Negotiated Rate effective 01/01/09. SMHS units and costs

reported in period one (7/1/08) are reimbursed at 50% and may be subject to a state approved negotiated rate. SMHS units and costs reported in period 2 (10/1/08 – 12/31/08) are reimbursed at 61.59% and may be subject to a state approved negotiated rate. SMHS units and costs reported in period three (1/1/09 – 6/30/09) are reimbursed at 61.59% and are not subject to a state approved negotiated rate.

35.Q: For non-county LEs, what other funding sources are acceptable as match for Federal Financial Participation (FFP), such as fundraising revenue, donations, and Supplemental Security Income (SSI)?

A: Federal statute and regulation permits State and local units of government to participate in the financing of the non-Federal portion of medical assistance expenditures (CFR433.50). A unit of government is a State, a city, a county, a special purpose district, or other governmental unit in the State that has taxing authority, direct access to tax revenues, is a State university Teaching hospital with direct appropriations from the State treasury, or is an Indian tribe as defined in Section 4 of the Indian Self-Determination and Education Assistance Act, as amended (25 U.S.C. 450b). Only payments made to non-County LEs by the Mental Health Plan may be considered as match for Federal Financial Participation. Fundraising revenue and donations collected by a non-County LE are not permitted to finance the non-federal share of medical assistance expenditures.

36.Q: Is Federal Funding the first payer or last? What is the regulation that covers this?

A: Medicaid is intended to be the payer of last resort. All third parties must meet their legal obligation to pay claims before Medicaid will pay for the care of an individual eligible for Medicaid. The Code of Federal Regulations, Title 42, Chapter IV, Part 433, Subpart D addresses issues related to third party liability.

37.Q: Do you know how we need to report the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) and Workforce Education and Training (WET) programs in the cost report?

A: There are two places in the cost report where expenditures from Mental Health Services Act (MHSA) funds are reported. The MH 1995 on the summary cost report asks Mental Health Plans to report total distributions received, total expenditures made, and interest income earned in the fiscal year. The MH 1992 on the detailed cost report asks each LE to identify the sources of revenue used to make expenditures on administration, research and evaluation; utilization review, and particular modes of service. Only county LEs reports expenditures made on administration, research and evaluation; and utilization review. Both county LEs and non-county LEs report expenditures made on particular modes of service. The amount of expenditures by source of revenue for particular modes should match the gross costs reported on the MH 1966 for the particular mode of service, which flows from the MH 1901_Schedule C. In the past, the Department of Mental Health has required the total amount of MHSA expenditures reported on the

MH 1995 to match the sum of all LE expenditures reported on line 23 (MHSA) of the MH 1992.

The types of activities that are performed through the Prevention and Early Intervention (PEI) and Workforce Education and Training (WET) components of the MHSA may not fit any of the mode and service function definitions. A LE should not report expenditures for activities that do not meet a mode and service function definition. A LE with these types of MHSA expenditures should list them on the MH 1962 as a negative adjustment to gross expenditures reported on the MH 1960 to ensure those costs are not allocated to modes and service functions on the MH 1901_Schedule C.

Mental Health Plans are still required to report all expenditures from MHSA distributions on the MH 1995. But the Department of Mental Health will not require that the amount of expenditures from MHSA distributions reported on the MH 1995 equal the amount of expenditures from MHSA distributions reported on the MH 1992_Sum. The expenditures reported on the MH 1995 should include those made on PEI and WET activities, while those reported on the MH 1992 may not.

APPENDIX I**False Claim Act Desk Notes**

A “false claim” is a claim for payment for services or supplies that were not provided specifically as presented or for which the provider is otherwise not entitled to payment. Examples of false claims for services or supplies that were not provided specifically as presented include, but are not limited to:

- A claim for service or supply that was never provided.
- A claim indicating a higher level of service than was actually provided.

CLAIMS-RELATED LIABILITY**A. Civil Liability****1. False Claims Act (31 U.S.C. & 3729)**

- (a) Prohibits presenting a false claim, making a false statement to get paid.
- (b) Level of intent required for liability: Actual knowledge, reckless disregard of truth, deliberate ignorance of truth.
- (c) Exposure: Three times amount of damage plus \$5,000 - \$ 10,000 per claim.

2. Civil Monetary Penalties Act (42 U.S.C. & 1320a-7a)

- (a) Imposes penalties for filing or causing to be filed a false claim.
- (b) Requires knowledge, reckless disregard, or deliberate ignorance.
- (c) Penalty of up to \$10,000 per violation plus three times amount of false claim.

3. Que Tam (Whistle Blower) Actions (31 U.S.C. & 3730)

- (a) Allows any person to bring False Claims Act case on behalf of the United States.
- (b) Bars cases on information that has been publicly disclosed unless the person bringing action is original source of the information (direct and independent knowledge of information and voluntarily provided the information to government before filing the action).

- (c) Qui Tam plaintiff receives 15% - 25% of recovery if government proceeds with action, 25% - 30% if government does not proceed with action.

A. Criminal Liability

1. Medicare and Medicaid fraud and abuse provisions (42 U.S.C. & 1320A-7B)
 - (a) Bars knowing and willful making of a false statement of material fact in a claim for payment to federal health care program.
 - (b) Penalty: Up to \$25,000 fine and five years imprisonment.
2. False Claims (18 U.S.C. & 287)
 - (a) Makes criminal the submission of false claims to the United States.
 - (b) Penalty: Up to five years imprisonment plus fine.
3. False Statements (18 U.S.C. & 1001)
 - (a) Prohibits making knowing and willful false statements, concealing a material fact, and using a false writing.
 - (b) Penalty: Up to five years imprisonment plus fine.
4. Mail Fraud and Wire Fraud (18 U.S.C. §§ 1341 and 1343)
5. Money Laundering (18 U.S.C. §§ 1956, 1957)
6. Conspiracy to Defraud the United States or to Submit False Claims (18 U.S.C §§ 286 and 371)

B. Administrative Sanctions

1. Exclusion from program participation (42 U.S.C. & 1320A-7)
2. Mandatory Exclusions
 - (a) Conviction of criminal offense relating to delivery of item or service under Medicare or a state health care program, neglect or abuse of patient, health care fraud or other financial misconduct, unlawful manufacture or distribution of controlled substance.
 - (b) Five year minimum exclusion.

3. Permissive exclusions

- (a) Fifteen different grounds.
- (b) Examples include excessive charges, unnecessary services, submission of false claims, kickback violations, failure to disclosure ownership information, failure to grant immediate access to records.

APPENDIX J**SD/MC Billing & Claiming Information Contact**

For SD/MC billing and claiming questions, contact IT. The contact person is Toquyen Collier at (916) 654-2709.

Her email address is: Toquyen.Collier@dmh.ca.gov

APPENDIX K

CFRS Acronyms

AB	Assembly Bill
ASO	Administrative Services Organization
ASOC	Adult System of Care
CCR	California Code of Regulations
CalWORKS/CAW	California Work Opportunity and Responsibility to Kids
CDE	California Department of Education
CFIS	California Fiscal Information System
CFRS	Cost and Financial Reporting System (as referenced in ITWS)
CMS	Centers for Medicare and Medicaid Services (Formerly known as Health Care Financing Administration)
COHS	County Organized Health System
COWCAP A-87	Countywide Cost Allocation Plan (County overhead)
CR	Cost Reimbursement
CRFS	Cost Reporting and Financial Support (staff members of Local Program Financial Support)
CSI	Client Services Information System
CSOC	Children's System of Care
CSRV	Community Services
DHCS	Department of Health Care Services (Formerly known as Department of Health Services)
DMH	Department of Mental Health
EOB	Explanation of Balance
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
FFP	Federal Financial Participation
FFS/MC	Fee-for-Service/Medi-Cal
FFY	Federal Fiscal Year (10/1 to 9/30)
FI	Fiscal Intermediary
FMAP	Federal Medicaid Assistance Percentage
FTE	Full Time Equivalent (Staff)
FFY	Federal Fiscal Year
FY	Fiscal Year
GC	Government Code
HF	Healthy Families
HFP	Healthy Families Program
HMO	Health Maintenance Organization
IEP	Individualized Education Plan
IMD	Institution for Mental Diseases
ISA	Integrated Services Agency
IT	Information Technology

ITWS	Information Technology Web Services
LCC	Lower of Costs or Charges (Federal Reimbursement Policy)
LE	Legal Entity
MAA	Mental Health Medi-Cal Administrative Activities
MC	Medi-Cal
MEDI-MEDI	Medicare/Medi-Cal
MHGB	Block Grants for Community Mental Health Services
MHP	Mental Health Plan
MHS	Mental Health Services
MHSA	Mental Health Services Act
MOE	Maintenance of Effort
MOU	Memorandum of Understanding
NFP	Nominal Fee Provider
NR	Negotiated Rate
PATH	Projects for Assistance in Transition from Homelessness
PC	Published Charge
PCCM	Primary Care Case Management
PEI	Prevention and Early Intervention
PHF	Psychiatric Health Facility
PRV/LE	Provider/Legal Entity
QA	Quality Assurance
RWJ	Robert Wood Johnson (refers to grants issued by this founda
SAMHSA	Substance Abuse and Mental Health Services Administration Block Grant
SB	Senate Bill
SD	Short-Doyle
SDA	Short-Doyle Act
SD/MC	Short-Doyle/Medi-Cal (see also SMHS)
SED	Seriously Emotionally Disturbed
SEP	Special Education Pupils
SF	Service Function
SFC	Service Function Code
SGF	State General Fund
SMA	Statewide Maximum Allowances
SMHS	Specialty Mental Health Services (see also SD/MC)
SOC	Systems of Care
SPMP	Skilled Professional Medical Personnel
STP	Special Treatment Program
TANF	Temporary Assistance for Needy Families
TBS	Therapeutic Behavioral Services
UMDAP	Uniform Method of Determining Ability to Pay
UPID	Upload Identification
UR	Utilization Review
VLF	Vehicle License Fees
W&I Code	Welfare & Institutions Code
WET	Workforce Education & Training